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# DISPLACED CHILDREN AND ORPHANS FUND

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*Honoring a Commitment to  
Vulnerable Children*





# HONORING A COMMITMENT TO VULNERABLE CHILDREN

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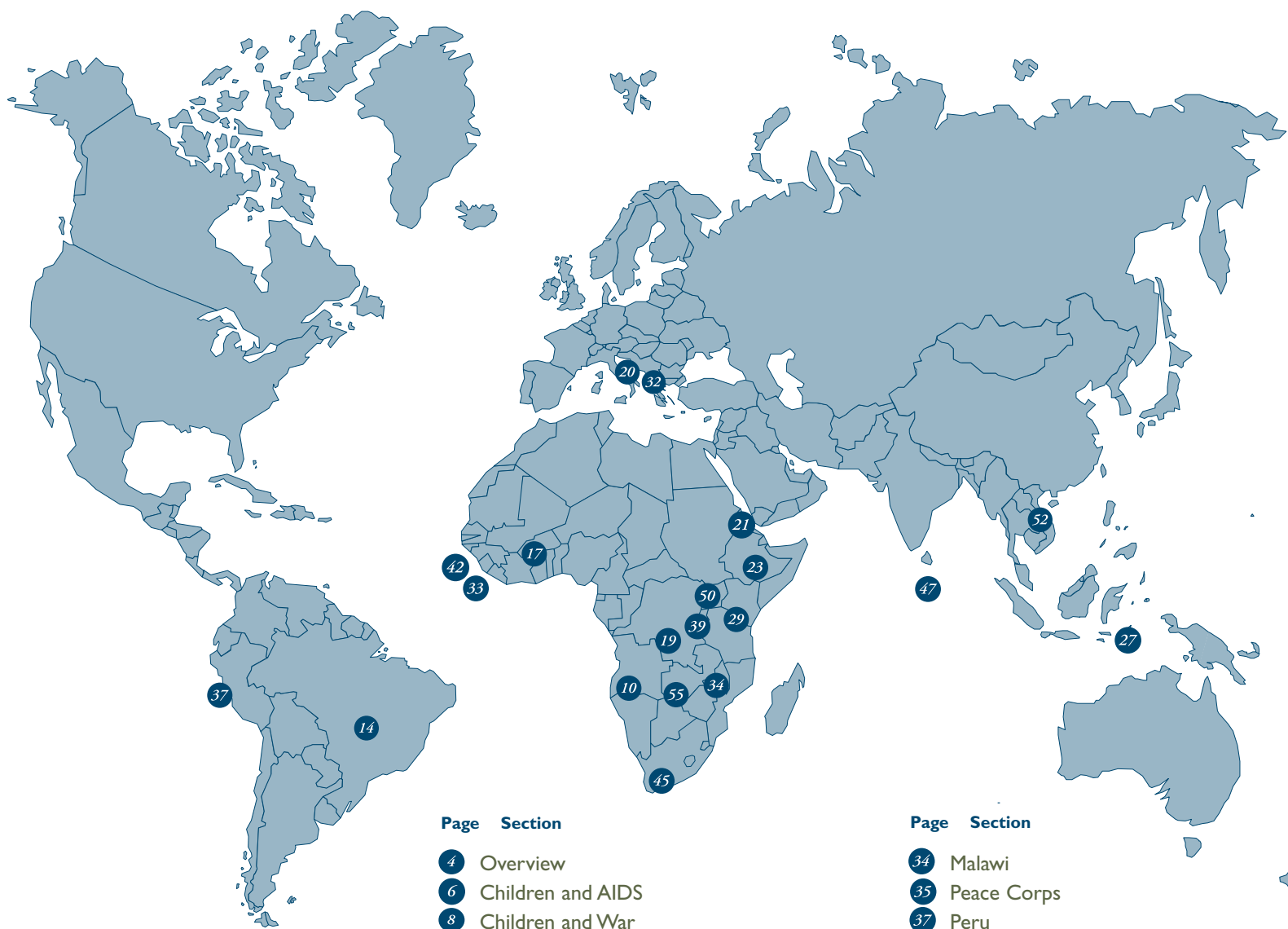
*As a new century rich in promise unfolds, as many as 135 million children living in developing countries wage a valiant struggle for survival without the support and protection of parents or guardians, without the structure of a family unit. These vulnerable children are the innocent victims of extreme social and economic distress, natural disaster, disease, armed conflict and crass exploitation. Globally, there are more than 400,000 unaccompanied refugee or internally displaced children, well over 200,000 child soldiers, 100 million street children and 13 million children who have lost one or both parents to HIV/AIDS.*

*The Displaced Children and Orphans Fund (DCOF) represents the determination of the United States Government to respond to the needs of such children. Around the world, DCOF works in especially difficult locations to strengthen the capacity of families and communities to provide care, support, and protection for orphans, unaccompanied minors and war-affected children. DCOF collaborates with nongovernmental organizations, UNICEF, the Peace Corps and other partners to develop models and implement programs that directly provide services to children and to support ongoing community-based efforts on their behalf. For more than a decade, DCOF has underscored the belief that the life of every child is worthy of respect, regardless of social, economic or political conditions. DCOF has demonstrated that nurturing and supporting the potential inherent in children everywhere is an investment that pays multiple dividends for many years.*



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# OVERVIEW

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**T**he mid-1980s were sobering years for anyone who cared about innocent children left vulnerable by the ravaging forces of man and nature. Famine, civil war and massive population displacements were engulfing literally millions of children in Ethiopia, the Sudan, Eritrea, Kenya, Somalia and Sahelian West Africa. Bitter fighting along ideological lines (or more precisely in some cases, raw power struggles disguised as ideological battles) brought millions more to the precipice of catastrophe in Mozambique, Angola, El Salvador, Nicaragua and Cambodia. Sri Lanka's children were swept up in a maelstrom of communal violence that spontaneously ignited and ripped apart their island paradise. The HIV/AIDS epidemic cut its first deadly swath through western Uganda as a fanatical insurgent group concurrently laid siege to civilians in the country's northern districts.

The U.S. Government invested heavily in responding to these humanitarian crises. Early in 1985, Congress approved nearly \$1 billion in supplemental funding for emergency food and non-food relief programs for victims of famine in Africa, including hundreds of millions of dollars channeled through international refugee assistance structures. Reflecting traditional American concern for the hungry and the destitute, the public rallied as well: vast sums were raised by religious, civic and humanitarian groups and routed through the network of U.S. nongovernmental organizations (NGOs) engaged in international relief and development projects. The impact of this mobilization and the relief efforts mounted—large in scale, efficient in delivery—was substantial. Millions of tons of food and other necessities were delivered, untold hundreds of thousands of lives saved.

Congressional engagement in formulating an appropriate U.S. response to these humanitarian emergencies was notably direct and focused. Hearings were convened; detailed needs assessments undertaken; delegations dispatched to the bleak relief camps of northern Ethiopia, western Sudan and elsewhere. Through this intense involvement, Congressional concern for the plight of the orphaned and abandoned child victims of famine, war and displacement sharpened. In particular, Congressional visitors to Ethiopia and Mozambique were disheartened to discover that thousands of children whose lives had been saved through heroic relief efforts were to be left adrift— orphaned or separated from their families, stranded in dreary makeshift camps or overcrowded institutions, dependent on fragile lifelines of international emergency assistance. Further, they realized, there was no dedicated mechanism within the U.S. foreign assistance structure to provide help for these highly vulnerable children.

Concern for these children resulted in an initial earmark in foreign assistance appropriations to provide for their care. By the end of decade, that earmark evolved into the Displaced Children and Orphans Fund and today, more than a decade later, DCOF continues to symbolize the determination of the Congress that at least some of the most vulnerable children will benefit from the American conviction that the lives of children everywhere are too valuable to waste. DCOF, administered by the U.S. Agency for International Development (USAID), has remained small, its utilization limited, its administrative structure lean. While DCOF resources cannot reach all children in dire circumstances around the globe, interventions facilitated through the Fund have repeatedly demonstrated that many vulnerable children in even the most hostile environments can be assisted. For untold thousands of children, from Mozambique to Kosovo, El Salvador to Sierra Leone, DCOF interventions have meant the difference between death at an early age or a renewed chance for survival. For thousands more, from Angola's minefields to the rough urban streets of Brazil, DCOF support has restored options for a life with dignity.

DCOF has proven that children threatened by war, disease, ethnic animosities, physical disabilities, sexual exploitation and gross neglect can be reached and provided the means for survival and the prospects for renewed hope. It has shown that these children can be extended care and protection, that respect for their human rights can be restored.

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DCOF provides vital services to those most at risk through partnerships with nongovernmental organizations, UNICEF, the Peace Corps and other implementing agencies in position to leave support structures in place after direct funding has concluded. There is a focus on developing programs and approaches that bolster the capacity of families and local communities to directly provide for the care and protection of orphans and abandoned children. Model interventions capable of wide replication are pioneered. DCOF support may be sustained over a long period of time—as in Angola, where civil war has raged for several decades—or more limited in duration—as in El Salvador and elsewhere where improvements in the political environment have allowed a phase-out of DCOF funding.

The bulk of DCOF's interventions on behalf of vulnerable children clusters in four major categories:

- **Children Affected by War.** No fewer than twenty-five civil wars now rage around the world, separating half a million children from their families. Perhaps 300,000 child soldiers are combatants in these struggles and untold thousands are subjected to torture, abuse and trauma by armies and militia perversely indifferent to their basic human rights—indeed to their humanity.
- **Children Orphaned by AIDS.** The relentless onslaught of the HIV/AIDS pandemic leaves in its wake literally millions of orphans. By the year 2010, there could be as many as 41 million orphans in the twenty-three countries most affected by AIDS; 80 percent of those children will be orphaned by the disease.
- **Street Children.** In a desperate struggle for survival, 100 million children roam urban streets around the world. They are on the streets due to social and financial distress at the family level or to societal or political upheavals that have left them abandoned and alone. These children are subject to endless forms of abuse and exploitation.
- **Children with Disabilities.** In some cultures, children with disabilities are frequently hidden away, locked in dreary institutions, separated from families and communities. DCOF is supporting community-based approaches to the care of these children with the goal of developing models that demonstrate lives with dignity are possible for them.

Descriptions of interventions supported by DCOF, provided in the Program Highlights which follow, document the progress possible in all of these areas.

As the new century unfolds and DCOF marks more than a decade of activity, new challenges face those determined not to allow the lives of so many vulnerable children to be callously discarded. The receding of the great African famine of 1984-85 and the end of conflict in Mozambique rescued tens of thousands of children from imminent danger. Genocide in Rwanda and the grotesque savagery of civil war in Sierra Leone brought new dangers, however, and today the world remains a very dangerous place for millions of children. They are the ongoing concern of the Displaced Children and Orphans Fund and its many sponsors and partners.



# CHILDREN AND AIDS

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Statistics on the relentless spread of HIV/AIDS, staggering in dimension and numbing in implication, bleakly underscore the devastating impact of the epidemic. By the end of 2000, more than 36 million adults were living with HIV and nearly 22 million people had died from the disease. More than 13 million children younger than fifteen had lost a mother or both parents to AIDS, 7 million of them in the thirty-four worst-affected countries of Africa, Asia or Latin America. Within ten years, the total number of orphaned children from all causes in those thirty-four countries will rise from 15 million to at least 24 million, largely a result of AIDS. If you define an orphan as a child who has lost one or both parents, then the projection for 2010 is that there will be 40 million orphans in only the twenty-three most-affected countries.

By 2010, one of every three or four children in Botswana, Burkina Faso, Malawi, Rwanda, Tanzania, Uganda, Zambia and Zimbabwe will be an orphan. The epidemic has already directly affected one child in five under the age of fifteen in nineteen African nations—one in every three in some cases. Worldwide, AIDS is the sixth leading cause of death for persons between fifteen and twenty-four years of age. The prevalence of HIV/AIDS at the end of the century was 50 percent higher than projected ten years earlier.

In many communities across Malawi, Uganda, Ethiopia, South Africa, Zambia and elsewhere, the epidemic is not statistical abstraction. There are already millions of orphaned children—a few stranded in overwhelmed institutions, others loose on streets where they turn to begging, theft and prostitution, many left in the care of extended families—who starkly portray its human dimension. The only growth industry in some villages in Zambia is coffin-making. In South Africa, knowing they have no means of dealing with their own illnesses, or their babies', AIDS-infected mothers are abandoning thousands of newborn babies. Elderly women in the Rakai district of Uganda face the care of all of their grandchildren as one-by-one the mothers and fathers of these children succumb to AIDS. The ranks of school teachers, doctors and other professions in many Sub-Saharan African nations are now depleted by the disease.

The ominous implications of the HIV/AIDS epidemic are obvious: if present trends continue, the development of entire societies will increasingly be thwarted by the toll it takes. Few of the most-affected countries will be able to sustain economic growth or maintain political stability with an ever-increasing proportion of their populations left wasted. The potential for economic and political calamity, on top of the humanitarian catastrophe, is real. The situation in the Republic of South Africa starkly portrays the reality: the country, which has the highest absolute number of HIV-infected people in the world, could see an economy 17 percent smaller in 2010 than it would be without AIDS devastating its workforce. Already in South Africa, Botswana and Zimbabwe, AIDS mortality has brought population growth to a near standstill and could result in net population declines within three years.

The imperative of defeating HIV/AIDS is a universal challenge as there is no immunity anywhere on the globe from its devastation. Sustained political leadership and commitment of resources from all corners will be required as there can be no escape without gritty determination from governments, international organizations and citizens everywhere to first contain, then defeat, HIV/AIDS. While the impact of the epidemic is most searing in lesser-developed countries, the necessity—the obligation—to overcome this horrific curse challenges everyone. Ultimately required, of course, are vaccines to contain the disease. Immediately necessary are expanded education programs to slow the epidemic's march over millions of individuals in its path only vaguely aware of how HIV is spread, ignorant of practical steps to avoid contraction.

Eventually, the HIV/AIDS epidemic will be stopped, the disease made preventable, its symptoms easily treatable. That day cannot yet be foreseen, however, and for millions of children, there can be no waiting for medical breakthroughs: their needs are enormous and immediate. For them, many witness to the painful death of parents, extended family safety nets have largely unraveled; assistance programs offered by governments are sparse and inadequate. There



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are not enough orphanages existing—nor are there going to be—to provide institutional care for the population of children left stranded. Effective as they are in many cases, NGO efforts to provide food, clothes, health and social services, school fees and other care can ultimately reach only a portion of the children who need them. Adoption can account for even fewer of these children.

The proven alternative is community-based support programs and in this area a solid record of achievement is being realized in different regions around the world. Interventions to bolster the ability of families and communities to support and nurture the children whose lives have been devastated by HIV/AIDS, many first pioneered by DCOF's implementing partners, are proving to be affordable, effective and sustainable. A central thrust is to keep siblings together and children living in their own villages or neighborhoods. The premise of virtually all the successful interventions in this area is community mobilization and community ownership. The primary goal is to find practical ways to help communities accommodate the needs of the AIDS orphans and other children left vulnerable by the epidemic. Local fund raising and resource mobilization is a common element. Adaptation of microfinance programs to reflect the impact of the epidemic on vulnerable participating households, as seen in Kenya, is illustrative of relatively sophisticated approaches of community-based support programs.

DCOF funds are being utilized in Malawi to support the highly regarded COPE (Community-Based Options for Protection and Empowerment) program implemented by Save the Children. It is an effort to help communities identify, assist and protect orphans and vulnerable children in six districts across the country. As one guiding principle of COPE is a concerted effort to avoid further stigmatizing AIDS orphans, efforts are made to identify and assist all of the vulnerable children in a given community.

In South Africa, DCOF resources are employed to strengthen community-based options for the care of children left threatened and isolated by the epidemic and avoid their institutionalization. The Zambian program supported by DCOF encourages contributions of resources or other inputs from voluntary, religious, government and private sector sources to strengthen the economic security of households sponsoring affected children. It is boosted by a microfinance initiative linked to local efforts to keep these children in school and out of orphanages.

Brazil, Indonesia, Burkina Faso and other countries host DCOF-supported initiatives that expressly target street children susceptible to HIV/AIDS infection. Over 3,500 children have benefited from the effort in Brazil. The recently launched Indonesia program strives to spread awareness of HIV/AIDS and other sexually transmitted diseases amongst that country's burgeoning population of street children.

Common in all of the interventions supported by DCOF on behalf of children made vulnerable by the AIDS epidemic is an emphasis on helping local communities develop and sustain strategies that allow them to address the needs of these children without reliance on massive outside assistance or on institutionalization—a desperate measure capable of inflicting further psychological harm. These efforts, while not immense in scale, have demonstrated significant good can be done at affordable levels of investment. Lending themselves to widespread replication, the DCOF-supported programs have helped establish the standards by which AIDS children are being reached and allowed to live with respect and dignity.

DCOF's targeted interventions for child victims of the epidemic are within the context of a wider U.S. Government mobilization. Since 1986, USAID itself has dedicated over \$1.5 billion for the prevention and mitigation of HIV/AIDS in the developing world. USAID's budgeting of \$200 million in the year 2000 to fight AIDS meant that it was devoting more than four times the resources as the next largest donor. USAID has also been instrumental in the formation of The International HIV/AIDS Alliance, a multi-donor effort to address the issue of building local capacity to respond to the disease.

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# CHILDREN AND WAR

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*“Most of the boys were young and had not shot a gun before. The bandits taught us to take the gun apart and to put it back together. They lined us in rows and fired guns next to our ears so we wouldn’t be afraid of the sound. Then they had us shoot the guns and kill cows. Boys who were the best at this were made chiefs of the group. When other people did something wrong, the bandits told these new chiefs to kill them. This is how boys became Renamo chiefs.”*

Eleven-year-old Mozambican boy describing forced conscription into rebel militia

**T**raumatized, scarred and disfigured, Sierra Leone’s children gauntly symbolize the agony endured by millions of young victims of the violence ringing the globe. Raging for a decade, that country’s brutal conflict has been marked by the massive displacement of civilians, random looting, destruction of homes and businesses, and unimaginable atrocities—amputations, rape, mutilation, murder, abduction, forced conscription. Following their own abduction, many children have been forced to commit savage acts—including the butchering of family members—by military commanders seeking psychological domination through destruction of all ties to family and community. Over 10,000 children in Sierra Leone are estimated to have been separated from their families; perhaps that many have been affiliated with various armies and militia; thousands of young girls have been sexually abused. Tens of thousands reside in bleak refugee camps in neighboring countries, subject to raids by various armed bands. Children as young as seven are actively involved in the fighting; 80 percent of all rebel soldiers are fourteen or younger. This horror is all within the context of a war without ideological underpinnings: the fighting in Sierra Leone is largely a struggle for control of the country’s diamond trade.

In country after country, children have fared little better than in Sierra Leone. Circumstances vary, but the stories are similar in Rwanda, Angola, Mozambique, Sri Lanka and too many other places where children have been purposefully targeted and brutalized by both national armies and insurgent forces. As many as 300,000 children are or have been combatants in recent conflicts and millions have been directly affected by fighting. In the Cambodian conflict, 20 percent of wounded soldiers were ten-to-fourteen years old. The Angolan capital of Luanda today is populated with thousands of child amputees—victims from the vast landmine fields that endure as a legacy of that country’s long civil war. In El Salvador, Liberia and Uganda and elsewhere in recent years, initiation rites of child soldiers have incorporated the forced killing of family members, the practice grimly echoed by rebel armies in Sierra Leone today.

The targeting of children in war zones—whether for forced conscription, physical torture, mutilation, sexual exploitation, or forced labor—is largely a late 20th century phenomenon now witnessed around the globe. In Sri Lanka, Paraguay, Nicaragua, Mozambique, Afghanistan, the Sudan, Bosnia, Kosovo, Iran, Iraq, Burundi and elsewhere, the documented mistreatment of children has been as grotesque as that witnessed in Sierra Leone, if not always on the scale. In direct violation of 1989’s International Convention on the Rights of the Child, governments and opposition groups on all continents exploit children in various manners for their political or commercial agendas. In Angola, the exploitation has stymied the psychological development of successive generations of children.

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The trauma experienced by these children perpetuates the cycle of violence already submerging their countries in chaos and bloodshed: exposure to violence breeds violence. War-affected children frequently have aggressive impulses—and act on them. Often, they have had little or no schooling and have been separated from family and community, and are without grounding in the moral or social customs of their communities, making them prime candidates for recruitment by criminal elements or violent political factions. For many former child combatants, fear or shame precludes community reintegration and leaves them stranded outside societal structures.

Much can be done to facilitate a return to normalcy for these traumatized children. The most immediate measure in the case of child soldiers is demobilization and the provision of the basics—food, water, clothing, shelter, health care. For child soldiers and those left separated from families and communities and suffering from war-related stress, comprehensive interventions are required to reintegrate them with families and home communities. Identification, registration, documentation and the provision of psychosocial support are essential elements. UNICEF's Child Protection Programme in Sierra Leone, supported by DCOF, is illustrative of a multi-layered effort to rescue children caught in the cross fires of war. UNICEF, manager of the Sierra Leone program has reached over 5,400 former child soldiers, 4,000 separated children and 3,000 street children.

DCOF funds are supporting successful interventions on behalf of former child soldiers and children separated from their families in violent spots around the world. Angola and Rwanda are illustrative. Programs implemented by Save the Children and the Christian Children's Fund in Angola are reaching literally thousands of children traumatized by civil war. Their efforts have reunited separated children with families, provided counseling, established alternatives to institutionalization and bolstered local community capacity in addressing the needs of these children. In Rwanda, a country still fragile from the horrendous genocide of 1994, DCOF funds utilized by the International Rescue Committee support family tracing efforts for separated children even as other donors have curtailed the effort. NGO projects supported by DCOF are moving significant numbers of children from institutions to community-based care.

Sri Lanka, Uganda, Peru, Kosovo, Croatia, Eritrea and Ethiopia are all locations where DCOF funds are supporting interventions reaching vast numbers of war-affected children—former child soldiers or those suffering from trauma, abandoned or separated from families. The interventions are proving to be the difference between hopelessness and the possibility of a normal life for literally hundreds of thousands of children. Despite achievements, millions of children will continue to suffer the dire consequences of warfare until a civilized world decides that such suffering is intolerable.

# ANGOLA

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*"I stepped onto a landmine when we went looking for food to eat. When I stepped on it I did not hear any noise or feel anything; I just saw myself lying on the floor and a lot of blood coming out of my leg. When I started to shout and cry, my mother also started to cry. At the hospital, I didn't see anything, I just remember waking up to see that my leg had been amputated."*

Lena, a nine-year-old girl from Kuito-Bie

Angola's agony has been endless, the suffering of its children unrelenting. Generations have staggered into adulthood without reprieve from the brutal warfare that has wracked the country since independence from Portugal in 1975. Fighting between the Government of the Republic of Angola and the Union for the Total Independence of Angola (UNITA) has paused periodically, but never truly abated and after April of 1998 again raged at intense levels, signaling collapse of a peace process entered into with the 1994 signing of the Lusaka Protocol. The long obscured ideological underpinnings of the fighting are now largely irrelevant to a bitter struggle that has displaced millions of people, claimed hundreds of thousands of lives and—due to countless thousands of landmine explosions—left Angola with the highest rate of amputees in the world, an estimated incidence of one per 134 persons.

Resumption of fighting in 1998 sparked a sharp increase in the number of internally displaced persons in the country; the count now exceeds 3 million people out of a population barely over 10 million. Up to 2 million Angolans are stranded in UNITA-controlled areas and thus beyond the reach of international humanitarian agencies, their plight not well known. Almost a third of a million Angolans have sought refuge in neighboring countries.

The resumption of armed hostilities was accompanied by an intense laying of landmines; reportedly, up to 6 million are now buried across the countryside. Landmines cause widespread death and indiscriminate injury—more frequently to civilians, especially women and children than soldiers—and trigger the chaotic flight of rural residents into camps and urban sanctuaries. The human displacement in turn results in epidemics of otherwise preventable diseases, shortages of food and water and the further disruption of the economy and the continuing interruption of basic education. Sporadic fighting along shifting lines of control, and extremely limited infrastructure hamper efforts to reach vulnerable children. Further, UNITA's tactics include the targeting of relief officials; seven Angolan relief workers were killed within a short period of time in 1999. Many others have been harassed, kidnapped, or wounded.

The children of this beleaguered land pay a heavy price for the endless violence and mayhem. In 1993, a year of intense fighting in an earlier phase of the war, some 500,000 children were killed. In Luanda and other over-crowded cities, infant mortality rates have soared, as have the counts of street children and those living in institutions. Child tracing and family reunification programs alone cannot handle the flow of orphaned and abandoned children. The psychosocial stresses endured by these kids are enormous, the number suffering from war-related trauma obviously extremely high. That trauma is the foundation for a further continuation

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of the conflict: a main source for recruiting child soldiers is to find children who have been directly exposed to violence or personally victimized.

As a consequence of the renewed warfare in the country, Angola's basic indicators—even allowing for a lack of accurate information—are now among the worst in the world. According to UNICEF and the UNDP *Human Development Report 2000*, one in every three Angolan children does not live to the age of five. Forty-two percent of all Angolan children are underweight for their age. Less than 50 percent of children ever go to school; very few of them study for more than two years. Nationwide, 50 percent of the men and 70 percent of women are illiterate. Only 34 percent of households have ready access to potable water; 44 percent to basic sanitation.

From this brutal war and its impact on the country, the children suffer predictable consequences: death, disability, trauma, breakdown of family structure, isolation, malnutrition and disease. Thousands of children are known to have been forced into rebel armies. Constant fighting has devastated the economy, destroyed infrastructure and generally traumatized the population and undermined the ability of families to care for their children. In the last two years alone, about 2 million Angolans have been displaced, many of them crowding into Luanda and the provincial capitals in search of security. The number of displaced children is over 1 million.

The disruption of the population caused by the conflict, combined with years of under-investment in the social sector by the Angolan government, has caused a breakdown of services and left many families adrift. All of this suffering is in a country rich in natural resources and blessed with an ideal climate for agricultural abundance. Ironically, it is Angola's bounty of resources—primarily diamonds, but also oil—that fuels the fighting decimating its people and retarding its natural development as a self-supporting and productive nation. Instead, conditions in Angola have required enormous infusions of humanitarian assistance from the world community over the past decade. Direct United States Government contributions to relief aid totaled over \$53 million in FY 1999 and millions more in refugee assistance funds were channeled through regional programs to assist Angolan refugees.

DCOF funds are employed in the country to support critical interventions to reach vulnerable children. One, Support to Family Tracing and Placement Programme implemented by Save the Children/UK, is aimed at identifying, registering and uniting separated children with family members. A second effort, broader in scope, is intended to improve the psychosocial well-being of children and assist in their social integration, and improve the basic care of the very young. Given the precarious conditions in the country, the number of children reached through the interventions is significant. Through Save the Children, DCOF has reunited over 800 children with their families and enhanced strategies to deinstitutionalize many more. Community safety nets for the care of vulnerable children have been erected. Workshops for NGOs working with separated children in rebel-controlled zones have been held, as have policy roundtables in four provinces.

The Christian Children's Fund (CCF), a second DCOF implementing partner in Angola, is seeing considerable progress as it engages local participants in implementation of a series of small community projects meant to buttress the position of vulnerable children. CCF's efforts concentrate on community reconciliation and conflict resolution, income generation, school enrollment, social integration and similar interventions. As the fighting recedes in several provinces, there are encouraging signs of renewed vitality among the people. A noted success has been the establishment of safe areas/playgrounds where youth from communities frequently antagonistic in the past learn to engage each other in sporting events where rules are followed and defeat is accepted without violent reaction. The community mobilization efforts structured by CCF are providing early indicators that the resilience of Angolan society may exceed initial expectations and that there is considerable opportunity to help communities recover and re-engage in the development process.

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*In Angola the challenge is demobilizing and reintegrating into society thousands of former child soldiers, many of whom face societal rejection and lack basic survival skills. The daunting task requires skillful and sustained effort at the community level to reorient former combatants to peaceful existence. As elsewhere, the militarization of young people has so distorted the political and social environment that armed conflict has become its dominant characteristic. Child soldiers serve as readily exploitable raw material for prolonging war and continuing the cycle of violence.*

From September 1995 to September 1998, DCOF provided CCF a grant to allow an expansion of an assistance program for war-affected children and their families. Through the province-based war trauma team, 300,000 children were helped. CCF's current effort is realizing similarly solid accomplishments. Highlights include:

- Over 1,100 adults—of whom over 170 are public school teachers—have been trained to recognize and properly respond to psychosocial needs of children and adolescents;
- More than 58,700 children now participate in community-based initiatives;
- Twenty national and provincial level public policy workshops and seminars have been conducted;
- Over 17,000 children in displaced persons camps are participating in recreational activities; and,
- Some 115 community projects have been initiated with participation by 2,000 adolescents.

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**Project Support to Family Tracing and Placement Programme**

**Implementing Partner** Save the Children/UK (SCF)

**Funding Period** July 1995–July 2001

**Amount** \$3,531,648 (current phase \$1,478,242)

**Purpose** To promote respect for the basic rights of those children who become separated due to conflict or other reasons.

**Objectives**

- Identify, register and unite separated children with family members.
- Strengthen the capacity of the National Children's Directorate within the Ministry of Social Assistance and Reintegration for effective management of the Family Tracing and Placement Program.
- Develop child protection legislation through social policy advice and advocacy.
- Formulate alternatives to institutionalization for children.

**Project Initiatives for Angolan Children and Youth Futures**

**Implementing Partner** Christian Children's Fund (CCF)

**Funding Period** September 1998–August 2001

**Amount** \$2,758,859

**Purpose** To improve psychosocial well-being of children; reinforce knowledge of their psychosocial needs; improve adolescents' social integration; improve basic care for pre-school children; and, influence public policy regarding the impact of violence on children and adolescents.



# B R A Z I L

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*Poquito was thirteen years old when he first heard the drums of Grupo Cultural Bagunção (roughly, “The Big Mess Cultural Group”). Deeply rooted in the slums of Salvador, the group assists street children by giving them opportunity to design and produce their own instruments and form percussion bands. Poquito marveled at the sound, and decided to form his own band.*

**M**aria José Morais, an energetic young woman known as Mazé, transmits energy, optimism and determination when talking to colleagues in a local microenterprise initiative. A resident of Fortaleza, Mazé uses her life story to explain how she got the skills that now sustain her. She explains that her grandmother raised her. Although her mother and father were alive, she could not live at home due to her father’s involvement with drug trafficking in one of the most violent neighborhoods of Fortaleza.

Mazé’s father was killed by drug dealers when she was thirteen. Soon her mother married again—to another drug dealer also soon killed. The girl moved with her family to the Pirambu neighborhood. In a few weeks, she too was dependent upon drugs. Her grandmother sought help from the Pirambu Community Association of Mutual Help (ACAMP), where Mazé was interned for one year, gave up drugs and started working on a small paper recycling enterprise.

In 1998, ACAMP joined the USAID-supported Vocational Training Network, which groups twenty-one governmental and nongovernmental institutions providing vocational training to at-risk youth. Mazé participated actively in basic life skills modules. Free of drugs for two years, Mazé is now in school and lives with her family. She is a leader of a microenterprise that produces and sells recycled paper articles. Just like Mazé, 209 other young people assisted through the Vocational Training Network have been gaining life skills, developing new projects for their lives and learning to live and work in integrated, responsible teams.

Brazil, especially in the northeastern region, has a large number of children and adolescents such as Mazé who live in particularly difficult circumstances. In spite of numerous efforts undertaken by government and NGOs, many of them successful, there is much to be done to address problems of children living on the streets—or at risk of being forced to do so. Migration into large urban centers and the concentration of an increasingly impoverished population on the outskirts contribute to more and more children begging and being forced into exploitative labor markets. A particular issue is the high number of young girls involved in prostitution or victimized by sexual exploitation and violence as the “sex-tourism” industry has expanded.

Street and working children and other at-risk youth lack access to educational and health systems as the country’s social safety networks are inadequate to honor legislation meant to protect their rights. To address this situation, the DCOF-funded At-Risk Youth Project seeks to strengthen the capacity of local government and NGOs to provide services to children and youth aged seven-to-eighteen separated from appropriate family care

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and protection or at risk of becoming separated. Working principally through local NGOs and grassroots organizations and in collaboration with the public and private sectors, DCOF's implementing partner POMMAR (Partners of the Americas) assists young people in the northeast cities of Salvador, Recife, and Fortaleza, and in the national capital of Brasilia.

Solid accomplishments are being realized. Direct beneficiaries total more than 3,500 children; indirectly, another 40,000 family members and peers of these children have been assisted. The project is also reaching institutional beneficiaries (schools, NGOs, governmental agencies) and society at large through awareness campaigns. Noted for fostering creative and innovative approaches, especially in the area of art education programs, the intervention leads the way for at-risk youth programming efforts in northeast Brazil.

The POMMAR school program has had notable success. Illustratively, school promotion rates of 83 percent have been sustained among program-assisted youth; this stands in contrast to the regional average of 68 percent who attain promotion to the next school grade. Among program-assisted youth aged sixteen-to-eighteen who undertook vocational training courses, 64 percent completed classroom work and practical orientation which provided technical skills and enhanced job market options. In Fortaleza, the program guided more than 2,000 out-of-school children back into the school system. Twenty percent of youth participating in the overall program have been provided with access to formal vocational training courses in the public and private sector and have secured legitimate income-generating work in the formal and informal marketplace, despite high unemployment rates. More than 3,500 children have directly benefited from this program.

Additional project outcomes include:

- Early pregnancy rates of less than 1 percent reported among 1,000 girls assisted in Recife, compared to 18 percent of all girls nationwide;
- Launching of a high-impact media campaign (with the Ministry of Justice and UNICEF) which encourages victims to report cases of sexual abuse through a hotline;
- Dissemination of information and counseling by program-assisted youth from disadvantaged neighborhoods in Salvador to their peers in the neighborhood, on the streets, in grassroots health clinics and in community centers and schools, which stresses responsible sexual behavior and prevention of sexually transmitted diseases; and,
- More than 800 cases of sexual exploitation identified and addressed as a result of the Bahia state campaign against sexual violence.

*He had nothing to lose:  
neither family, school, nor  
home were part of  
his environment.*

*As soon as he joined  
Bagunção, Poquito start-  
ed participating  
in workshops on the  
environment, citizenship,  
and African, indigenous  
and white culture.  
At sixteen, he acquainted  
himself with the NGO's  
administrative and  
educational operations.  
"From then on," he says,  
"I felt that I had the  
chance to grow. I was sur-  
rounded by people who  
trusted me and my voice  
was heard. So, I started  
believing in my own  
potential. I found that*

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*I could be more than another player in the band. I made a decision: I wanted to work for other children in Bagunção. That's how I became the administrator of the institution." DCOF continues to support the local NGOs that made his opportunity possible.*

**Project At-Risk Youth Project**

**Implementing Partner** Partners of the Americas (POMMAR)

**Funding Period** September 1994–September 2003

**Amount** \$8,390,000

**Purpose** The program engages society in decreasing violence against youth, increases the educational preparation of youth, as well as expands access to information on reproductive health and HIV/AIDS prevention. It hopes to replicate successful approaches by focusing on:

- Strengthening educational services being provided by NGOs, enhancing and complementing the formal educational system, with special emphasis on market-oriented vocational training and the arts;
- Providing legal, advocacy and protective services, as well as coalition-building and public awareness campaigns, targeting social values and behaviors related to violence, abuse and commercial sexual exploitation of children and adolescents;
- Promoting participation of youth in civic activities, paving the way for youth to exercise their rights, develop civic skills and take control of their own lives by learning to define coherent objectives and life goals; and,
- Providing information for youth related to sex education, emphasizing early pregnancy prevention, and the prevention of HIV/AIDS and other sexually transmitted diseases.

# BURKINA FASO

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**B**urkina Faso ranks with Côte d'Ivoire and Ghana as the three countries most affected by HIV/AIDS in Western Africa. While there are few sources of reliable data, a 10 percent rate of HIV prevalence is probable. One study from six years ago pegged the population living with HIV/AIDS in Burkina Faso at 500,000-to-600,000.

Several factors exacerbate the spread of AIDS in Burkina. The first is the population's long tradition of migration inside and outside the country's borders. Between 1985 and 1991, over 10 percent of the population—mostly young men—migrated either from northern and eastern provinces to those in the south, or to Côte d'Ivoire and Ghana. The second factor is the practice of wife inheritance, especially within the extended families of married,

migrant men who have HIV/AIDS and who return to Burkina when seriously ill.

Adding to the problem, there is an acute lack of access to affordable testing and counseling facilities. There is only one free testing and counseling center. Other facilities such as private clinics and hospitals are either too expensive or offer no counseling. This factor contributes to the invisibility of HIV/AIDS in the country. The Burkina Government consequently underestimates the impending impact of HIV/AIDS and assigns a low priority to combating its spread. Burkina also has a very young population: 49 percent of the people are under fifteen years of age. Among these young people, girls are especially at risk; 31 percent of girls aged fifteen-to-nineteen are either pregnant or have had a baby.

Estimating the numbers of children orphaned by AIDS in Burkina Faso is as problematic as estimating the numbers of AIDS cases and seroprevalence among the general population. One World Health Organization study from 1997 estimated there were 200,000 AIDS orphans. The Ministry of Social Action recently reported 2,000 orphans in the Ouagadougou urban center. The publication *Children on the Brink* estimates that over 20 percent of children under fifteen years are orphans.

Children affected by HIV/AIDS and their families in Burkina suffer the consequences witnessed in other countries: increased family poverty, diminished parental protection and authority, and psychological stress stemming from increased death and illness related to HIV and AIDS. The most widely reported impact of HIV/AIDS on families is the heavy cost of tending to infected family members' medical needs. Of particular concern to the well-being of children is the culture of silence around HIV/AIDS, combined with the low-priority given to mental health in Burkina. These factors diminish the response to children's need for assurance, guidance and support and reinforce the environment of denial. Without adult support, feelings of guilt, insecurity and fear are common; children often manifest these feelings in destructive and unhealthy behavior.

Burkina Faso does have a strong tradition of mutual support within the extended family network and within communities. Most orphans and widows are absorbed into the extended family. It is considered common courtesy to visit someone who is sick and offer assistance. There are signs, though, that this tradition is fraying as the epidemic spreads and that spontaneous support from neighbors, friends and the extended family cannot be sustained in the face of a disease that endlessly consumes resources.

On the other hand, community networks have created informal care situations for AIDS orphans: adoption, fostering, or support to children living on their own. Associations and religious groups are in the forefront of this response. There are, however, too many children who fall through the gaps, ending up on the streets, in unsupervised

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childheaded households or falling into a life of prostitution. Most local organizations responding to the epidemic carry out palliative care through home-based health care. They lack the financial and human resources to respond to the demands they receive for their services, however, and are even more hard pressed to respond to the needs of orphans or other children made vulnerable by HIV/AIDS.

There is a consensus in Burkina Faso that focusing only on AIDS orphans will worsen the stigmatization these children already endure. Most involved individuals agree that building on the growing concern within communities for vulnerable children is an effective entry point for heightening awareness of HIV/AIDS and bringing issues into the open, thus reducing stigma. The attention of most development organizations in Burkina Faso is thus on children who fall through family and community safety nets. Such approaches concentrate on satisfying immediate material needs that require significant and ongoing sources of financial assistance. In reality, the well-being of children in families affected by HIV/AIDS and of orphans absorbed into extended families depends on the economic means of the household.

The DCOF-supported initiative in Burkina Faso concentrates on building local NGO capacity to integrate services for orphans and highly vulnerable children into existing care activities, mobilizing communities to address stigma toward orphans and vulnerable children, and strengthening NGO capacity to mitigate such stigma. Thirty-two NGOs working on behalf of AIDS orphans and vulnerable children are being assisted through a program implemented by the International HIV/AIDS Alliance.

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## **Project Support for Orphans and Children Affected by HIV/AIDS**

### **Implementing Partner HIV/AIDS Alliance**

**Funding Period** September 1999–December 2002

**Amount** \$625,000

**Purpose** To mitigate the negative impact of AIDS-related deaths on orphans and highly vulnerable children.

#### **Objectives**

- **Build local NGO capacity to integrate services for orphans and highly vulnerable children into existing care activities;**
- **Mobilize communities to address stigma toward orphans and vulnerable children; and,**
- **Build NGO capacity to mitigate such stigma.**

**Anticipated Results** Technical assistance and funding support to thirty-two NGOs working in highly affected communities will result in:

- **Enhanced capacity to meet the needs of orphans and vulnerable children;**
  - **Improved services and expanded community support for these children; and,**
  - **Reduced stigma and increased integration of orphans and vulnerable children.**
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# THE CONGO

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Street children in the Congolese capital of Kinshasa struggle for survival in a particularly harsh environment. The economy is in shambles after decades of decline stemming from political turmoil and the cult of corruption which surrounded the former Moboto regime. In the mid-1990s, a wave of looting devastated the city. Then, the already precarious situation was exacerbated by the 1997 war in Brazzaville, across the Zaire River from Kinshasa in the Republic of the Congo, and in 1998, a new round of civil war engulfing the country brought fighting to the streets of Kinshasa. A July 1999 Peace Accord allowed a reprieve from the intense fighting, but the country's turmoil promises to continue.

The number of street children in Kinshasa is difficult to gauge. In 1990, at least 5,000 children were living on the street and that number has since increased significantly, though the current count is impossible to determine. These children support themselves through begging, petty trade and increasingly, crime. They are susceptible to both recruitment into military and criminal groups and prostitution.

Through a grant to Save the Children/UK, DCOF is striving to assist the street children of Kinshasa by partnering with local organizations addressing their needs. An initial rapid assessment of street children was conducted in the first thirty days of the grant. The findings as well as recommendations from the children themselves guided the design of an urban program that would meet needs. Most children studied were found to have some connection to an adult and thus some form of protection. However, for a high percentage of the children, either one or both parent had died. Children said that lack of money was the main problem that led to family separation. Basic access to shelter, food and health services was missing. Many of the children had been arrested for violating curfew and thus introduced to criminal elements in the city's jails.

Based on the analysis of children's responses, Save the Children and others developed a general framework of cooperation with local structures and NGOs for working with vulnerable children. The program prioritized three areas: juvenile justice; basic services; and supporting livelihood. In the juvenile justice area, Save the Children is training local partners to develop alternative sentencing, including re-establishing supervision of children in their home communities. For institutions serving children, the aim is to help establish and enforce standards of care.

Save the Children is also compiling a compendium of available resources outside the mainstream educational system. Children with disabilities are considered in every component of planning and locally designed tools to help blind children are being developed. Information centers to provide referrals are being designed. A team of eight social workers has been recruited and trained. The activity will expand to address the needs of displaced children and youth in other parts of Congo, as political and security conditions permit.

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## **Project Social Welfare, Children Rights and Protection of Kinshasa's Street Children**

### **Implementing Partner Save the Children Fund/UK (SCF)**

**Funding Period February 1999–February 2001**

**Amount \$1,210,000**

**Purpose** Using a participatory approach, the program works with local organizations addressing the needs of vulnerable children including child soldiers.

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# CROATIA

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**T**he long conflict in the former Yugoslavia devastated the Croatian economy. War damage exceeded \$20 billion and the country was faced with the care for 400,000 displaced persons and refugees from Bosnia-Herzegovina. Though the international community provided the bulk of food for the refugee populations, the Croatian government contributed an estimated \$1.2 million per day for their medical care and utilities even as agricultural and industrial production dropped 30 percent and 60 percent, respectively, from 1991 levels. By 1993, Croatia's GDP hovered around half of its 1990 level. Despite the lingering effects of the war, a relatively bold economic stabilization program contributed to tentative signs of recovery by the end of 1994. Today, unemployment levels continue to decline, inflation is under control and hard currency reserves have increased.

The end of Croatia's war with Serbia and the general economic and social progress, in addition to improved prospects for a democratic evolution in the country of late, were a boost for the well-being of the country's children. But severe problems persisted through the 1990s and DCOF funds were tapped to respond to their needs. The DCOF-funded Children and Youth Activities initiative in Croatia concluded at the end of FY 2000.

Several projects are illustrative of the efforts undertaken in Croatia through the support of DCOF. Prevention of child abuse was supported through the establishment of a hotline for child victims of domestic abuse. Brave Phone, as the hotline was known, was managed by a team of young professionals led by a prominent psychologist. Post-war community building was supported through efforts to organize educational and athletic activities for children and older youth in the Eastern Slavonia region. Three youth clubs were opened in Petrinja with the support of the local community and the high school administrator. The clubs are in villages where people previously displaced have returned.

As the program in Croatia concluded, DCOF funds were being utilized to boost local organizations dealing with children suffering from trauma. The improved political climate in Croatia revealed a readiness on the part of local communities to deal with war-related problems. Additionally, DCOF resources supported the Parents' Association Step by Step initiative that organized training for school/kindergarten teachers and local government representatives in new educational approaches. Step by Step has been widely recognized as a particularly suitable intervention for areas of return by displaced populations.

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## **Project DCOF Children and Youth Activities**

**Implementing Partner** Various local NGOs (via contract with RONCO)

**Funding Period** September 1999–December 2000

**Amount** \$500,000

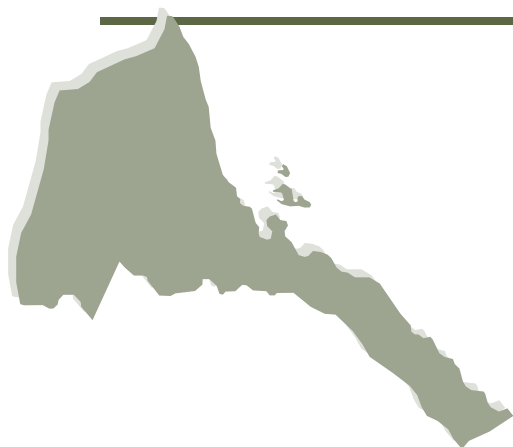
**Purpose** To improve the psychosocial health of youth through support to local nongovernmental organizations for community initiatives.

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# ERITREA

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*The beauty and strength  
of the human spirit is  
the most inspiring image  
reflected from the Project.*

*Illustrative is a grand-  
mother, who, after years  
of raising her own  
children, and well past  
her child-rearing days,  
undertook the care of  
orphaned grandchildren,  
completely changed her  
lifestyle, and accepted the  
challenges of raising chil-  
dren in a country wracked  
by war, famine and*

Ninety thousand unaccompanied children, stranded by drought, famine and the lingering impact of three decades of war, are the focus of concern in Eritrea, a poor and struggling nation in the Horn of Africa. The acute problems facing the nation, which gained independence only in 1993, were exacerbated by the unexpected outbreak of a border conflict with Ethiopia in 1998—a conflict which raged through mid-2000. Scarce resources provided families caring for orphaned and abandoned children were inevitably lost as a result of the dislocation stemming from renewed fighting and massive population shifts, deepening the vulnerability of some.

The country's vulnerable children face multiple obstacles which thwart their development and block their evolution into productive, well-adjusted members of society and they lack easy access to the most basic commodities—health care, proper nutrition, education—and the ongoing care and guidance of a family structure. DCOF's implementing partner in Eritrea was the International Child Resource Institute (ICRI). Its Eritrean Unaccompanied Children's Project was forged to create an improved environment for orphans by reunifying them with relatives and to stabilize host families through the provision of economic support. The deep-rooted kinship system in Eritrea facilitated its implementation as uncles, aunts, cousins, and grandparents served as social safety nets for these orphans and abandoned children.

The Project helped place over 800 orphaned children into relatives' homes. ICRI assisted the families who care for them by providing basic resources, thus establishing a framework for the quality care and development of the children. ICRI's approach in Eritrea's Anseba Zoba region (Western Zone) is illustrative of how the initiative was organized. First, a comprehensive needs assessment was conducted and local committees were established to identify the most needy orphans and match them with potential host families. Then, a village-level system was developed to assure proper disbursement and monitoring of assets allocated to families able to take in orphaned children: each village's committee of elders and community leaders provided oversight to assure that assets were properly utilized on behalf of the children.

Follow-up provided by ICRI and area social workers educated prospective parents and assured a smooth transition for children moving from orphanages or street life to the homes of care-giving families. Resources such as farm animals, building materials, seeds for crop development and supplies for the implementation of small businesses were provided along with parent education training. Through the provision of such resources, care-giving families were able to stabilize their economic conditions and better incorporate the orphaned children into their family structure.

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The Project proved its viability within a short period. Participating families increased their income and ability to feed and care for the children. All of the children were able to better access primary health services and the older ones were able to attend school on a regular basis. Seventy-four percent of the children ranked as average students and the rate of absenteeism was low. The Project also had positive results for the participating communities by lessening the collective burden of caring for orphans and abandoned children.

The modest efforts supported by DCOF in Eritrea demonstrate that vulnerable children can be reached and that models for assisting them can be constructed, despite the difficult developmental environment in the country. While many remain beyond the reach of the effort, the lives of many Eritrean children otherwise bereft of hope or opportunity have been substantially improved.

*poverty. She attended parenting classes to re-familiarize herself with child-rearing, with an emphasis on caring for vulnerable children. Bolstered with resources provided through ICRI to help care for the children, the woman has been able to place the children in school and see that they receive medical care and a place they can call home. She is rightfully proud.*

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**Project Eritrean Unaccompanied Children's Project (EUCP)**

**Implementing Partner** International Child Rescue Institute (ICRI)

**Funding Period** October 1997–March 2000

**Amount** \$600,000

**Purpose** To place orphaned and displaced children into homes of relatives and to increase capacity of the families who care for them, allowing for full development of each child and enabling them to become productive and self-sufficient members of Eritrean society.

**Accomplishments** Over 800 orphans placed in relatives' homes, with improved income and food security secured for care-giving families.

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# ETHIOPIA

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*Non-formal education in Ethiopia has lessened the number of children coming to urban areas and helped keep them off the street. Often the closest formal school is eight-to-ten kilometers away and thus inaccessible to many children. Without non-formal education centers many children would not attend any school at all and their talents and goals for the future would remain unrealized, their dreams stagnant.*

**I**t was the devastating impact of famine on the children of Ethiopia that first galvanized concerned Members of Congress to dedicate special funding for orphans and displaced children. It is thus appropriate that today in Ethiopia a series of innovative programs for vulnerable children is being carried out with DCOF funding that widely lends itself to replication. The strides being made and the lessons being learned in Ethiopia are applicable to many other nations where circumstances leave large numbers of children as vulnerable as those of this beautiful but troubled country.

The Congressional response to the plight of Ethiopia's children more than a decade ago provides illumination not just on the origins of DCOF, but also guidance on its evolution as a flexible and practical mechanism for meeting the developmental needs—beyond the basics of food, water and shelter—of children in harm's way around the globe. Whether the children being reached through DCOF today are orphaned or abandoned, victims of war or civil strife, left to survive on urban streets or facing the scourge of HIV/AIDS, they share with the child victims of famine in Ethiopia urgent survival needs that require redressing.

By the late 1980s, the enormous relief operations mounted to counter widespread starvation gripping vast tracts of this ancient land as a result of civil war, successive years of acute drought and the economic and political policies of the Mengistu dictatorship were largely concluded. A relative measure of food security had been restored; normal rainfalls had returned. But left in the wake of the famine were hundreds of thousands of orphaned and abandoned children—in a desperately poor country still immersed in civil conflict and the lingering chaos of massive population dislocations. A visit to an orphanage in Gondar in northwestern Ethiopia where 300 children were warehoused in an industrial building without windows, without furniture, without medical attention profoundly shook a Congressional delegation surveying relief operations in the country. The realization that many of the children were in reality not orphaned but somehow separated from their families made the bleak scene impossible to accept for the visitors.

In direct response to the plight of these stranded children, a process unfolded that ultimately resulted in DCOF's establishment and the appropriation of funds dedicated for programs to assist them—and others in equally dire circumstances elsewhere. (Members of that delegation speak today with great pride and emotion as they review photographs of over 100 of the children from that grim orphanage being reunited with their families.)

The needs of Ethiopia's most vulnerable children have not yet been adequately met. Recurrent drought, widespread food insecurity, and nearly three decades of civil war layered over the pervasive poverty of the population

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set the stage for the famine crisis of 1984-85 and contribute to the lingering vulnerability of millions of children today. The downfall of the Mengistu dictatorship in 1991, the establishment of a more rational and competent government and the adoption of widespread economic reforms eased the crisis and stopped the massive population dislocations. But the underlying poverty of the country, the onset of the HIV/AIDS epidemic and the two-year border war with Eritrea (1998-2000) precluded any easy return to normalcy for children orphaned and abandoned during the earlier upheavals or those subsequently left stranded.

Indeed, persistent food insecurity stemming from erratic rainfall and an inadequate agricultural infrastructure has continued to limit the standard of living for people throughout the country. A bias within government toward urban populations and the heavy expenditure on national security over many years have eroded opportunities that might have provided more of a safety net for people in times of particular hardship. Health, education, and sanitation services in the main cities, extremely weak as they are, still draw the displaced and the impoverished from rural areas. People migrate to the urban areas hoping for better opportunities for themselves and their family and often find only poverty in a different form: lack of jobs, housing and food in crowded, often unsanitary environments. Families consequently live on the margin and beg on the streets and their children are often orphaned or abandoned.

There are perhaps 5 million highly vulnerable children in Ethiopia today: orphans; those living as street children; children particularly affected by armed conflict; minors trapped in prostitution or cruel factory jobs; and, now, those living with HIV/AIDS. (As many as 620,000 children have the disease and that number will reach 1.8 million by decade's end. HIV/AIDS has already added 250,000 to the country's orphan count.) As many as 150,000 children were displaced in Tigray province as a result of the recent Eritrean border war. The challenges remain immense and the resources available to face them meager, despite considerable overall progress in the country during the last decade.

Strides are being made, however, and models suitable for replication are being established. DCOF support for these vulnerable children is routed through the Ethiopian NGO Sector Enhancement Initiative, managed by U.S.-based Pact. An institution dedicated to strengthening the institutional capacity of the nongovernmental sector in developing nations around the globe, Pact utilizes DCOF resources to maximize the impact of Ethiopian NGOs engaged in activities to assist vulnerable children. Capacity is directly enhanced through a comprehensive series of training and technical assistance inputs, small program grants, and support for umbrella and networking groups that facilitate the coordinating efforts of the larger grouping of NGOs working with vulnerable children. Pact is also engaged in broader efforts to improve the enabling environment in which all NGOs operate in the country.

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Pact's specific goals in Ethiopia for the utilization of DCOF resources are to:

- Strengthen the capacity of twenty-five NGOs engaged in assisting street children and orphans;
- Increase the number of street children and orphans enrolled in formal schools or participating in non-formal educational programs;
- Increase the economic status of at-risk families through support for income-generating programs;
- De-institutionalize children currently in orphanages through support for family reunification programs; and,
- Enhance the life skills of street children and orphans to become economically productive and eventually self-supporting.

The USAID Mission in Ethiopia provides additional funds to further support these objectives. The return on the investment appears to be solid. External evaluations conclude that the goals are largely being met and that local capacity to assist vulnerable children has expanded substantially. Nineteen organizations engaged in the care of vulnerable children belong to an Orphans Network and its members are seeing considerable progress in the de-institutionalization of children and the development of family and community support systems to accelerate that process. With Pact's support, the network allows its members to exchange information, access resource material and conduct exchange visits. It also acts as an advocacy body on behalf of orphans and street children. One dramatic result of the network's success is evident in the capital city of Addis Ababa, where police officers have now been trained—essentially as social workers—on better ways to handle street children, resulting in a significant reduction in the number of youth spending time in the city jails.

Equally as telling, most of the NGOs working with Pact have substantially increased their funding from donors other than USAID and additionally have increased the number of children benefiting from their programs. Collectively, the budgets of these NGOs have grown by \$2.6 million—an increase of 121 percent.

In Ethiopia, the considerable progress being realized by the Orphans Network members in regard to community-based care of especially vulnerable children represents an invaluable model of success worthy of replication elsewhere. Valuable lessons can be drawn from the experience of these NGOs, specifically on how to effectively transfer children out of institutional care and achieve family reunification and community reintegration. The NGOs share the experience of making a transition to community-based programming, which should be of particular interest in Rwanda and Kenya and other locations where orphanages have proliferated.

*Hailu Gebremedhim was born in the remote and historic village of Lalibela. As a young boy he lost both parents to the famine and was placed in an orphanage. As he grew up he was enrolled in an agricultural training program. He became interested in photography and bought a camera. The orphanage realized his talent and when he turned seventeen provided him with the financial support to open a photography shop. Hailu has now constructed his own house where he is running his business, named after the orphanage.*

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Indicative of the progress being made, the Jerusalem Association Children's Home is an institution that formerly catered to the needs of 1,000 orphaned children through institutional care but now is left with only 100 very young children in its facilities. All of the others are supported with other forms of care through a community-based orphaned children support program managed by members of the community.

Also of note in Ethiopia is the promise being shown by microfinance schemes as a component of a broader strategy to mitigate the impact of HIV/AIDS on children and families and discourage children from turning to the streets for survival. Many Ethiopian NGOs have incorporated credit and savings and other economic initiatives to bolster the capacities of vulnerable households.

An increasing number of children will be orphaned or left stranded by AIDS in Ethiopia. They are not likely, however, to stand out as a distinct group requiring separate, new programs or strategic approaches, although they will add to the number of children on the streets and at risk of sexual or labor exploitation and will require care and attention. By working with organizations that serve people living with HIV/AIDS, Pact hopes to enhance their capacity and allow them to reach these very vulnerable children.

*He is in a strong position to make a living, expand his business, and employ others. Because he believes so strongly that poor and orphaned children can improve their own lives if they are supported, he began an apprenticeship program for orphans in his shop and volunteers as a mentor in the orphanage.*

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#### **Project NGO Sector Enhancement Initiative**

##### **Implementing Partner Pact**

**Funding Period July 1995–March 2002**

**Amount \$1,345,000**

**Purpose** 1) Enhance the capacity of nongovernmental organizations working with children at risk, orphans, street children, and war-affected children; 2) Improve the enabling environment in which NGOs operate in the country; and, 3) Support umbrella and networking groups that take a proactive approach in representing and supporting members.

##### **Indicators of Progress by Pact's Partner NGOs in the Initiative**

- Berhan Integrated Community Development Organization increased its beneficiaries from 402 to 1,812;
  - Rift Valley Children and Women Development Association from 820 to 10,496; and,
  - Integrated Family Service Organization from 13 to 2,891.
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# INDONESIA

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*As a result of Indonesia's financial and political crises, its children have become highly vulnerable, their future seriously clouded. UNICEF warns of the impending threat of a "lost generation" of young people due to the lack of access to education and health services. Estimates now show that some 120,000 children live and work on the streets of Indonesia, primarily in urban centers. This number has increased 60 percent in the past three years.*

**T**he East Asian financial crisis of the late 1990s had a profound impact upon the Indonesian economy, the country's financial system and the ability of many of its families to maintain an adequate income. Nowhere in the region was the impact as severe as in this vast and sprawling archipelago, and unlike its neighbors, Indonesia has not recovered from the downturn.

Embroiled in unfolding social, economic and political crises since 1997, Indonesia has seen a major fraying of the safety nets erected over previous decades to care for its more vulnerable citizens. Children left behind in the chaos are increasingly found living and working on the streets; there is convincing evidence that the number of street children is growing, with an estimated count of 120,000 countrywide. Jakarta is thought to have over 30,000 street children; the urban centers of Bandung and Medan have imprecise but growing numbers. Many of these new street children—about 60 percent of this population has been added in the past three years—live with their families; they divide time between working the streets and attending school in various proportions.

Families who experienced dramatic decreases in income due to the regional crisis or to national disarray are at significant risk of sending their children onto the streets, forcing them to leave school and seek jobs of whatever nature to bolster family revenues. The rapid decline in household income in combination with declining government resources, specifically for the provision of health services, imperils the basic health of many Indonesians. The prolonged crisis has drastically reduced purchasing power as food prices have skyrocketed. Several million people have lost their jobs entirely. Health care services are less frequently sought, as stretched family budgets go to other priorities. As a result of inadequate condom use, delayed treatment, and an increase in prostitution, sexually transmitted diseases are on the rise. Children are continuing to drop out of school, suggesting that the long-term impact of the crisis may not yet be fully realized.

Sexual abuse and exploitation of street children is widespread. Most victims of sexual exploitation and abuse are girls (the proportion being as high as 93.5 percent). Most sexual encounters of street children are unprotected; awareness of HIV/AIDS, STDs and prevention of pregnancy is extremely limited. Adequate health care is often unavailable for the poor in Indonesia, especially for street children. Lack of proper residency documentation, administrative complications, and corruption serve to block access to what limited services are available.

The escalating number of street children in Indonesia's cities and the harsh burdens borne by this highly vulnerable population are realities that must



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be addressed. The resolution of the problem rests, of course, with the restoration of economic growth and political stability and the corresponding strengthening of the typical family unit. But the problems faced by these children cannot await such macro developments. Thus DCOF has recently re-commenced support for an initiative launched by Save the Children/US to improve the living conditions of street children. The project is new and analysis of impact is pending, but it is clear that the time for targeted interventions is at hand.

As the initiative takes root, it is already clear that hard-core street children—those who live on the streets, do not go to school and have no connection to their families—are the most difficult to assist and the most often under-served group. Children in this category fortunately constitute a relatively small proportion, perhaps 10-to-15 percent, of all street children.

The emphasis of the initiative will be to strengthen local capacity to address the needs of the children now on the street and to discourage further growth in number left with no alternative to eking out survival on urban streets. Save the Children will work with the National Center for Child Protection and regional Child Protection Bodies and provide technical assistance to national NGOs and social service organizations assisting Indonesia's street children.

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### **Project Manghadapi Generasi Yang Hilang (“Facing a Lost Generation”)**

**Implementing Partner** Save the Children/US

**Funding Period** August 2000–July 2003

**Amount** \$3,000,000

**Purpose** To improve living conditions for Indonesia's street children, especially girls, through the mobilization and coordination of subgrant services as well as the expertise of local NGOs and community organizations in delivering health, education and protection services.

#### **Objectives**

- Enhanced capacity of NGOs to deliver assistance to street children;
  - Improved access to and use of health care services by street children;
  - Special emphasis on girl street children; and,
  - Development of alternatives to living on the street.
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# KENYA

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In Kenya, DCOF funds are being deployed by K-Rep Limited to link microfinance mechanisms with HIV/AIDS support activities in a manner that will make a sustained difference in the lives of participants. Activities targeting vulnerable households include business training, access to low interest credit, and group savings schemes, all intended to enable individuals living with HIV/AIDS (and their caregivers) to improve their economic status and raise living standards. Improvements in the general health of infected individuals will lead to prolonged lives for them and their children. As vulnerable households improve their economic status, they will have opportunity to build family assets and provide their children the basic necessities. Additional activities include psychosocial support to those infected and their children—an effort to help them cope with the burden of the disease and plan for the future.

The HIV/AIDS pandemic has created a major development challenge to add to the high incidence of poverty faced in Kenya, particularly in rural areas. As the disease continues to spread throughout the country, microfinance institutions (MFIs) operating in heavily HIV/AIDS-affected areas have discovered that some operating principles and initial assumptions are no longer valid: client groups include both affected and infected individuals who face marked shifts in their personal and financial conditions.

Many questions arise. What, for example, are the effects of these changes on the MFIs? What can MFIs do in the face of a growing HIV/AIDS crisis? How can MFIs strengthen their institutions so that they can serve communities affected by HIV/AIDS? There are also questions on how MFIs give preferential treatment to infected persons without further stigmatizing them. These and other questions will be addressed in this pioneering program.

Studies have shown that the overall impact of HIV/AIDS on the economic well-being of affected households depends upon household financial safety nets. The stronger the safety net, the better the household can withstand the crisis without resorting to liquidation of long-term assets, reduced purchases of basic necessities, removal of children from school, or migration of family members. The safety net depends on the initial financial standing of the household, and the ability to build a financial base over time. Microfinance programs—both credit and savings—strengthen the second of these: offering households opportunities to build assets, diversify income sources, and generally strengthen their financial footing. Access to microfinance services gives households a way to both prepare for and cope with crises.

DCOF funding will better the lives of program participants in important ways:

- The majority of AIDS patients receiving assistance through home-based care programs cannot afford basic medicine or adequate food. Enabling vulnerable households to acquire business training, access credit and establish simple savings will allow persons living with AIDS to improve their health and live longer.
- Due to lack of funds, families with chronically ill patients dispose of critical assets to provide hospital care for members infected. Such practices frequently result in school dropout. Both credit and savings opportunities under the project will offer households opportunities to retain family assets and strengthen their financial footing.
- Access to microfinance for the vulnerable households, as a longer-term strategy, will provide households with the means to prepare for and eventually cope better with death.

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- Community Health Workers—who are volunteers providing home-based care services to AIDS patients—will be mobilized into groups. As a motivation and sustainability strategy, the groups will be able to access affiliated microfinance programs.
  - Knowledge of potential support to persons living with AIDS has resulted in many people in the target areas suddenly being willing to discuss their serostatus with candor. This more open attitude will result in higher demand for care services.

A promising new DCOF initiative in Kenya, being implemented by the Academy for Education Development, entails collaboration with Kenyan NGOs addressing the care of AIDS-affected children, with special attention to children under five years old. Four stages of work are envisioned under the Ready to Learn effort:

- A child development team will work on model program development and sponsor exchange visits and training events for caregivers among community organizations and church-affiliated groups. The team will produce a young orphan programming guide for interested church and community groups and the Kenya Girl Guides Association.
- In the community of South Kabras, Ready to Learn will sponsor a child-oriented needs appraisal. The action plan emerging from this exercise will form the basis of a model program for care of vulnerable young children. Ready to Learn will work with the community to select strategies, adapt tools and design follow-through actions.
- Working with NGO partners, Ready to Learn will identify model sites for expanded community-based programs, emphasizing local capacity building and technical assistance.
- Via videos, policy briefs and papers, Ready to Learn's partners will disseminate information on the physical and psychosocial care of AIDS-affected children, and the tools, strategies and programs adopted by communities to improve their care.

Additionally, a third initiative, the IMPACT Project being implemented by Family Health International, targets orphans and vulnerable children in Western Kenya and attempts to bolster home-based care options for them and their families. The project also has a microfinance component and works with the Society for Women and AIDS in Kenya. IMPACT's activities will be closely coordinated with those of K-Rep and Ready to Learn.

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**Project Microfinance Institutions and HIV/AIDS Activities**

**Implementing Partner** K-Rep Holdings Limited

**Funding Period** August 2000–August 2002

**Amount** \$300,000

**Project Objectives**

- Promote K-Rep's microfinance institution model in the targeted areas with high prevalence of HIV/AIDS;
- Establish a line of credit for HIV/AIDS infected/affected people;
- Train microfinance leaders, shareholders and staff;
- Train borrowers on basic business skills and provide technical support; and,
- Establish equity stake in the microfinance institutions.

**Project Ready to Learn/Kenya**

**Implementing Partner** Academy for Educational Development

**Funding Period** October 2000–September 2003

**Amount** \$530,340

**Project Objectives** Ready to Learn will work with Kenyan NGOs to improve the care of orphans and other vulnerable children under five years of age. The initiative will explore ways to incorporate needs assessment, resource assessment, and programming for the care of this age group into ongoing programs. Funds will be tapped to launch a model program; based on this experiment, tools, strategies, and community monitoring systems will be revised and expanded to at least four additional communities. Manuals, videos, and reports, with community evaluations of programs, will be disseminated.

**Project IMPACT Project**

**Implementing Partner** Family Health International

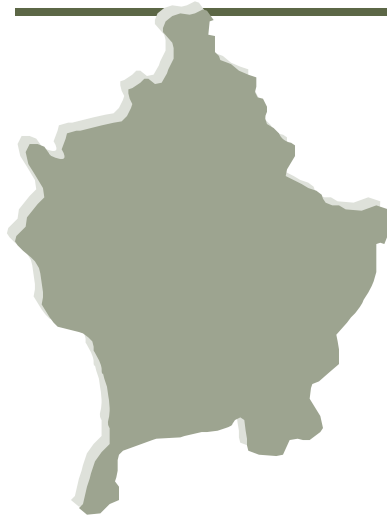
**Funding Period** October 2000–September 2001

**Amount** \$200,000

**Project Objectives** The IMPACT Project will provide grants to local NGOs to carry out activities for orphans and other children made vulnerable by AIDS in Western Kenya. The focus is on home-based health care for these children and their families. Also, a microfinance component will help mobilize local resources for the care of these children.

# K O S O V O

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**K**osovars face the challenge of rebuilding lives and communities amid devastating loss. The divisive effects of long-term ethnic tension and conflict are simultaneously social, economic, and psychological. The region's trauma has touched all segments of the population—from child to parent and from Albanian to Roma to Serb. The wounds of ethnic conflict will take a long period of time to heal—through a process that cannot be imposed or directed by outsiders.

Activities that support and promote the physical, emotional, and psychological well-being of children and adolescents are an important component of social development everywhere; clearly they are essential in the context of post-war Kosovo. The program in Kosovo, launched within Save the Children's Kosovo Assistance Program (KAP), is a mechanism to assist children and adolescents to develop and implement activities that, with the support and participation of families and communities, address their developmental needs. Sub-grant awards have been made to carry out these initiatives: the International Medical Corps (IMC) and the International Rescue Committee (IRC) will implement two innovative programs over the course of the next year and local NGOs will also tap the available resources.

Activities undertaken are expected to provide safe, supportive environments where children and adolescents can interact, play and develop life skills, and to promote and encourage socially constructive values such as teamwork, leadership, trust and tolerance. Through this initiative in Kosovo, DCOF and Save the Children expect to achieve increased community support for activities that foster a sense of normality in the lives of children and adolescents who have been so negatively affected by the war.

DCOF has provided Save the Children a total of \$1 million for initiatives in Kosovo that run through September of 2001. The purpose is to enhance the lives of young people in targeted regions by increasing opportunities for their healthy development and decreasing suffering from civil strife. \$250,000 is being utilized to support the community reconciliation efforts of local NGOs, while the International Medical Corps and the International Rescue Committee sub-grants equal \$375,000 each. Additional funding being provided by USAID will allow Save the Children and its partnering agencies to expand the reach of activities described here.

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## **Project Displaced Children and Orphans Fund Project**

**Implementing Partner** Save the Children/US/International Medical Corps.

**Funding Period** September 2000–September 2001

**Amount** \$375,000

**Purpose** Foster community support for rural and minority youth.

## **Project Civic Participation Initiative**

**Implementing Partner** Save the Children/US/International Rescue Committee

**Funding Period** September 2000–September 2001

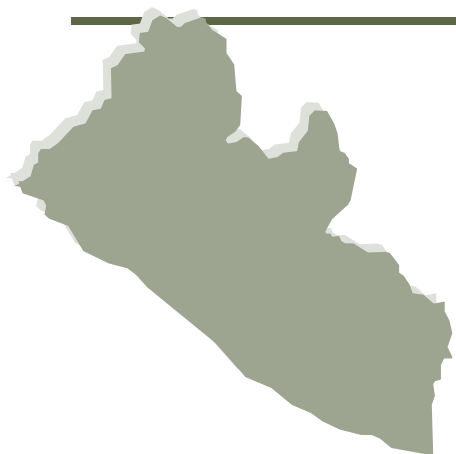
**Amount** \$375,000

**Purpose** Mobilize war-affected youth as agents for social change.

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# LIBERIA

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**S**even long years of brutal civil war devastated the children of Liberia, their lives dominated by violence, hunger and homelessness. These children were subjected to forced labor, recruitment into militia, and child prostitution; thousands were displaced, separated from their families, or orphaned. An untold number have moved to the streets, predictably turning to drugs and crime, alienated from families and communities.

A significant number of the country's children actively participated in the war—an estimated 5,000 of approximately 33,000 combatants were minors. During the disarmament and demobilization exercise in 1996-97, over 4,300 child combatants were demobilized. Although the majority went back to their communities, about 20 percent had to be temporarily placed in transit

homes while family tracing and alternative placements were pursued. It has since surfaced that an even larger number of children were never formally demobilized.

With its UNICEF-implemented War Affected Youth Support (WAYS) Project, DCOF supported the reintegration into civil society of demobilized child soldiers and displaced youths. The program offered psychosocial and physical rehabilitation programs and educational and training opportunities. As with all war-related programs, the first step involved a tracing component to assist in reuniting children with their families.

A number of accomplishments were realized through the WAYS effort:

- Twenty-two centers were established to facilitate the delivery of vocational and literacy training, counseling and tracing services.
- Over 3,600 war-affected youth were enrolled in the program.
- Local NGO partners were provided with technical and financial support for demobilization and reintegration activities.
- Approximately 200 counselors were trained in trauma counseling through the AME Zion Community College. Six transit homes were set up and operated with Don Bosco and Save the Children/UK for children not reunited with their families or communities.

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## **Project War Affected Youth Support (WAYS) Project**

**Implementing Partner UNICEF**

**Funding Period September 1994–December 2001**

**Amount \$7,807,840**

**Purpose** Collaborate with local and international NGO partners to: 1) provide basic literacy training, small enterprise development, income-generating services for youth; 2) support demobilization efforts by providing trauma counseling, referring war-affected youth to educational programs, placing youth in transit homes while tracing and reunifying families, organizing youth empowerment workshops; 3) assist local NGO partners to reintegrate former child soldiers and other war-affected children with communities; and, 4) provide professional care for traumatized war-affected children.

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# MALAWI

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Malawi's adult HIV prevalence rate, estimated at 14 percent, registers as one of the highest in the world. More than 1 million of Malawi's 11 million people are currently HIV positive, while more than 450,000 Malawians have already died from AIDS and approximately 1.2 million children—27 percent of the child population—have lost one or both parents.

World Bank data indicate that some 30 percent of the teachers in the country have been directly impacted by AIDS. The increasing numbers of sick and dying adults and orphaned children place an enormous burden on Malawi's already impoverished families and communities. For Malawians, the psychosocial distress of watching loved ones' well-being slowly erode away is compounded by economic stress as household resources are exhausted.

The DCOF-funded Community-Based Options for Protection and Empowerment (COPE) program implemented by Save the Children is a low-cost initiative to mitigate the impact of HIV/AIDS on the lives and general welfare of children and families made vulnerable by this devastating pandemic. COPE is squarely based on the concept of community mobilization and ownership. "We need people to be participants, not just beneficiaries," emphasizes one involved official. "We attempt to build this effort from existing community structures, reflecting community concerns and approaches to the problems of vulnerable children."

Considerable effort is made to identify all of the vulnerable children in a community, whether they are orphaned or not. "We try not to further segregate the orphans," the official explains. The strategy is to help communities absorb the AIDS orphans and avoid the establishment of orphanages. A particular objective is to battle the discrimination that orphans face. COPE works with participating villages on the common priority of keeping the children in school, which is made possible largely through local fund raising efforts. The children themselves organize tasks which they can provide local government agencies for small fees—reflecting the philosophy that the children participating in COPE are part of the solution to their long-term social integration. "We ask them what they have to offer," according to officials.

The success of COPE is testified to by its self-replication. Villages across wide regions are copying the models established through the effort; COPE is now firmly established in four districts of Malawi. COPE has seemingly established its own momentum and is expanding under local leadership and investment. "The DCOF funds supporting COPE have allowed us to help communities implement their strategies on assisting children impacted by AIDS. We have been able to get a little ahead of the curve and help them avoid emergency situations... to help vulnerable children before they are orphaned and stranded in some institution," stated one program implementor.

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## **Project Community-Based Options for Protection and Empowerment (COPE)**

**Implementing Partner** Save the Children/US

**Funding Period** September 1997–December 2001

**Amount** \$1,619,459

**Purpose** 1) Strengthen community capacities to mitigate impact of HIV/AIDS; 2) identify, assist, and protect orphans/vulnerable children; 3) increase economic opportunities and resources available to especially vulnerable households; 4) strengthen capacity of government and community organizations to lead and sustain effective responses to needs of HIV/AIDS-affected children and families; and, 5) advocate policy change at national, district and local levels.

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# PEACE CORPS

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**T**hrough FY 2001, the Displaced Children and Orphans Fund will have contributed more than \$115,369,000 to programs assisting at-risk children in twenty-eight countries. Much of that funding has been channeled through collaborative arrangements between USAID and various implementing partners, primarily NGOs. Those partnerships are country-specific. Additionally, USAID has structured partnerships with UNICEF and the Peace Corps that facilitate both country-specific and broader regional efforts to reach vulnerable children.

The Peace Corps has partnered with DCOF since 1993. Total funding through FY 2001 will exceed \$1,600,000. The collaboration is based on the proposition that USAID's financial resources and the Peace Corps' capacity to work at the community level form a logical platform from which to directly reach children at risk. The partnership has enabled Peace Corps Volunteers (PCVs) to implement literally hundreds of small projects reaching tens of thousands of at-risk children in all regions of the world. In FY 1999, 363 Volunteers and ninety-six staff members were directly implementing activities for at-risk youth. Some 376 host country nationals (HCNs) were also engaged in these activities and an additional 423 youth leaders were involved in training programs. Peace Corps posts in twenty-six nations participated in or implemented DCOF-funded activities.

This partnership has been instrumental in broadening the Peace Corps' youth focus from classroom work by education Volunteers to integrated projects for at-risk youth by Volunteers in all sectors. In all regions where the Peace Corps works, Volunteers increasingly tackle non-formal education and direct involvement with at-risk children as core assignments. The shift has meant an estimated 1,000 extra Volunteers reaching an extra 15,000 youth at any one time. Volunteers tackle at-risk youth programming in four basic approaches: direct engagement of at-risk youth; skill development for youth service providers and trainers; strengthening the capacities of youth service institutions; and, promoting a supportive environment for marginalized youth within families and communities.

With resources provided through DCOF, a solid series of highly relevant programmatic interventions targeting at-risk youth have been implemented by PCVs and HCNs. The inclusion of host country counterparts in activities for vulnerable children is an important aspect of the strategy employed by the Peace Corps to permanently increase human capacity in affected communities. Numerous countries provide examples:

- In the Philippines, the Peace Corps works with out-of-school children abandoned by their families. The emphasis is to pull these youth in from the streets and provide them with training for productive work and

*The Peace Corps works in Africa to strengthen a principal human development asset: the concept of extended family and community support for at-risk youth. Volunteers strive to involve communities in efforts to help young people meet the challenges of HIV/AIDS. In Malawi, for example, the needs of AIDS orphans are being addressed with the help of a Volunteer to create Community-Based Child Care Schools which become the organizing center for village-level support for children whose parents have been lost to the epidemic.*

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*In Ghana, PCVs are assisting non-literate youth to become peer educators in the prevention of teenage pregnancies and the spread of HIV/AIDS. They are also teaching business skills to women and youth in an organization serving those with handicaps and working with street kids. Volunteers in Niger work with out-of-school youth on leadership skills, effective money management and environmental awareness. In Cape Verde, Volunteers have helped create sports, recreation and career options for orphans.*

orientation to the education process so that they can return to school. Also, a youth conservation corps has been formed to engage out-of-school youth in environmental projects and prepare them for employment options.

- On Josina Machel Island off the coast of Mozambique, the Peace Corps is implementing a project for the psychological rehabilitation of young victims and perpetrators of war crimes during the country's long civil war. Additionally, Volunteers will be working with youth on HIV/AIDS and landmine awareness efforts.
- Kumasi, Ghana is the site of a grassroots literacy project for street children and other marginalized youth who have never attended school. The project boasts a 250 percent increase in the enrollment of female students since 1998. In 1999, fifteen youth completed their training and received diplomas from the Ghana Non-Formal Education program.
- In Jamaica, PCVs are working—at no small danger to themselves—directly with troubled urban youth at high risk of being sucked into a world of drug dealing and street gang life to encourage them to pursue more positive opportunities.

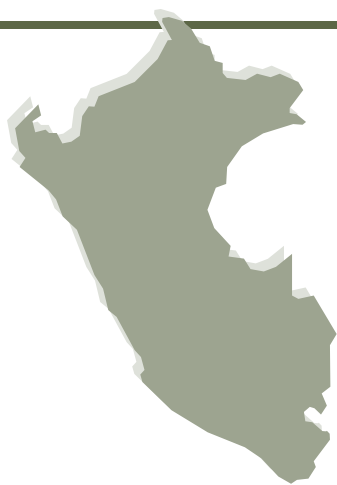
The benefits of the USAID/Peace Corps partnership via DCOF are both direct—with at-risk youth being reached by PCVs through relevant programs—and sustainable—through the engagement and involvement of communities in structuring long-term processes to address needs of vulnerable youth. The Peace Corps is successfully involving community leaders in identifying measures to assist at-risk youth and in mobilizing local resources to support those measures. Illustratively, in Samoa the Peace Corps is working with local mayors to institutionalize at-risk youth programming. In Paraguay, the Peace Corps has involved HCNs and local youth in various workshops focusing on youth counseling and job skill building. Models are emerging to engage local youth leaders in community-based educational efforts on the avoidance of sexually transmitted diseases. A prime objective of the Peace Corps as it phases out of operations in Costa Rica is to leave at-risk youth programming institutionalized within the National Youth Development Coordinating Agency and a focus of the national volunteerism movement. As the agency phases out of Costa Rica, the DCOF-supported at-risk youth program is the sole effort now being implemented by its Volunteers.

Malawi offers another example of a sustainable programmatic initiative supported by the Peace Corps. There, COPE (Community-Based Options for Protection and Empowerment) is a program with an HIV/AIDS focus originally supported by Save the Children and the Peace Corps. It features strong collaborative relationships with committees of local leaders and has expanded its operations from one to four districts in the country.

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# P E R U

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**L**ucho is a sixteen year old boy from Peru's Ayacucho area—a region harshly impacted by violent terrorism for many years. When he was twelve, a drug-dependent relative in a drunken rage cut out the boy's left eye. Lucho ran away, landing on the streets of Lima. He was illiterate and without skills and suffered from the trauma of the abuse he had endured at home. His only means of survival were begging and stealing.

Lucho was befriended by outreach workers affiliated with CEDRO (Centro de Información y Educación para la Prevención del Abuso de Drogas), a local partner of DCOF working on behalf of vulnerable children in Peru. Since starting regular visits to CEDRO's open house for street children, Lucho has resumed his schooling and is receiving psychological counseling and vocational training. A diligent and meticulous worker, he has advanced from

work in a broom-making workshop to an apprenticeship with a local shoe repairman. With the training, Lucho has gained a skill that is in demand and has also gained a great deal more: self-confidence. The youth has turned his life around; he has plans for the future.

The forward momentum realized by Lucho is an example of how CEDRO works with hard-to-reach street kids, and provides them the tools needed to become functioning members of society. It is also an example of how DCOF resources are being tapped in Peru to make a difference in the lives of children who otherwise would be consigned to unemployment, drug abuse and crime. In addition to CEDRO, DCOF has a partnership in Peru with the Salesian Missions. The Salesian program incorporates various projects that share the objective of assisting vulnerable children in grave danger of falling through the cracks.

Twenty years of civil conflict have taken their toll on Peru's children. Today, as that conflict ebbs and the country shows signs of recovery, many thousands of children remain at risk. In Ayacucho province, there were over 18,000 deaths from the conflict and 200,000 persons forced from their homes. Nationwide, over 600,000 residents of rural areas were displaced. Their physical and social dislocation has added to the poverty, malnutrition and low educational levels already endured. The unemployment rate in Ayacucho remains extremely high and many families there find themselves simply incapable of supporting their children. Often, children forced to leave home recount stories of physical and sexual abuse, and while some attempt to retain contact with their families, most are considered abandoned and unwanted.

In addition to the lingering social dislocation from the fading civil conflict, Peru is a coca leaf producing nation and thus a source of cocaine. The availability of drugs and the violence surrounding drug trafficking further increases the risk faced by the country's youth.

The Salesian Missions is providing shelter, food and clothing as well as education and training to orphans and abandoned boys in Ayacucho. The project provides similar services for girls, thirteen-to-nineteen years of age, with a special emphasis on vocational training. Through this effort, a comprehensive mix of services are provided vulnerable children with the objective of reintegrating them into society. Included are skills training, formal and vocational education, nutritional and health guidance, sociocultural counseling and job placement. CEDRO implements two programs with DCOF funding. One is focused on at-risk minors in the coca producing regions of the country and the second is geared to addressing the needs of orphaned and abandoned children and those living on city streets.

The three initiatives are making significant gains as they reach an increasing number of vulnerable children with demonstrable impact and benefits. All of the projects are coordinated with the efforts of national and local government agencies, as well as local and international NGOs, to ensure maximum impact and coverage.

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**Project Ayacucho Children's Project (Maria Auxiliadora)**

**Implementing Partner** Salesian Missions

**Funding Period** September 1999–September 2002

**Amount** \$210,000

**Purpose** To provide comprehensive and preventive services to children affected by war and help reintegrate them back into society. This will be done by offering access to skills training, formal and vocational education, nutrition and health guidance, sociocultural counseling and job placement.

**Objectives**

- Provide a safe, nurturing and caring environment;
- Provide regular medical services;
- Strengthen the socialization and adjustment process through organized activities; and,
- Implement social services to help children reunite with their families and transition to a formal or informal educational setting.

**Project** Attention to High Risk Minors in Coca Producing Areas of Peru; and, Open Houses for Street Boys

**Implementing Partner** CEDRO (Centro de Información y Educación para la Prevención del Abuso de Drogas)

**Funding Period** September 1999–September 2002

**Amount** \$310,000

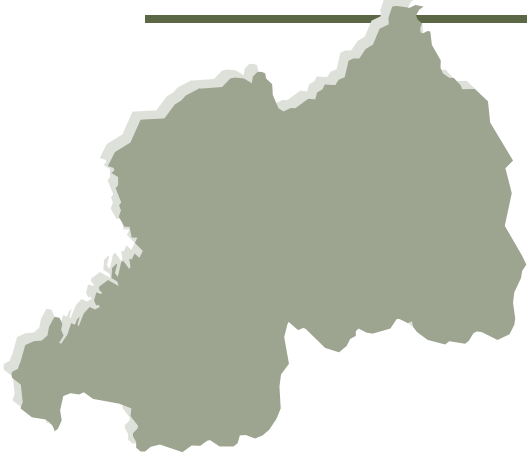
**Purpose** To prevent risky behavior associated with drug production, trafficking and consumption among children and adolescents living in coca producing areas. Also, to address needs of children living on the streets.

**Objectives**

- Educate social networks on problems for children associated with drug trafficking;
- Involve families in addressing the drug problem and the related domestic violence;
- Develop methodologies for replication;
- Expose young people to vocational alternatives; and,
- Educate children on their civic rights.

# R W A N D A

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*“We are making a  
difference here!  
No one else is doing  
what we do for these  
children. This is  
about the future  
of the country.”*

IRC Staff Member Kigali

When catastrophe struck in 1994, Constantin Iradukunda was a typical Rwandan child, living a normal life in a remote area near the borders of Burundi and Tanzania. Then only six years old, he went with his brother—and unfortunate timing—to visit relatives in Kigali, the national capital. There, the carnage that would lead to the deaths of an estimated 800,000 people and the displacement of a further 2 million quickly engulfed Constantin and his family when the horror of the inexplicable Rwandan genocide suddenly ignited. When the violence struck, Constantin and his brother were swept up in the chaos and, separated from their relatives, joined a fleeing mass of terrified people seeking refuge in the Congo. The two brothers then became separated.

Constantin stayed in the Congo until it was safe to return to Rwanda and the UNHCR arranged transport back to Rwanda. But local authorities were unsure what to do with him. The young boy did not know where his parents lived or if they were still alive. He was traumatized and frightened. And alone.

The government placed Constantin in the Indira transit center, near Kigali. Soon after, he was moved to a local orphanage ill-prepared to provide adequate shelter or care. Like 90,000 other separated children, he was channeled into a national family tracing program managed by the International Red Cross and various NGOs. The boy was put on a master list, but no one claimed him. He was classified as “untraceable” and languished at the orphanage for three years. In 1997, it closed and Constantin was moved to the Musha Unaccompanied Children’s Center. Later, he became a foster child, but the fostering was a disaster. He ran away—back to the Musha Center, where he remained an additional three years as an untraceable and failed foster child. It was then that the International Rescue Committee (IRC) intervened, through a DCOF-supported program.

Employing personalized radio tracing tailored toward young children in situations such as Constantin’s, IRC was able to link the child and an uncle who journeyed to the Musha Center and retrieved him. Constantin learned that his parents had been killed in the genocide, but that his grandmother was alive and missed him terribly and wanted him back. The reunion was, as Constantin describes it, emotional and tearful. His relatives had all given up hope and thought he was dead. Six years after he was separated from his family, Constantin went home.

Rwandan society was thoroughly shattered by the 1994 genocide. The violence left a population scarred by mistrust, despair and hopelessness. Children and youth were particularly impacted by the communal conflict. An unprec-

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*While some consider family tracing for separated children to be a closed chapter in Rwanda, IRC's work suggests that more can be done. Since May 2000, IRC has been able to reunify twenty children officially classified as closed cases by the Red Cross. This mirrors previous IRC efforts in 1999, when over 60 percent of supposedly untraceable children from the Rwigema Unaccompanied Children's Center were reunified with families. With DCOF support, each month children widely considered untraceable are being reunified*

edented number of children—all with stories similar to Constantin's—were separated or orphaned from their families: government estimates range from 200,000 to 400,000 such cases. A further 80 percent lost at least one family member; 96 percent of children interviewed in a UNICEF study had witnessed violence during the war. Youth-headed households, once unheard of in Rwanda, are now commonplace: an estimated 300,000 children live in 85,000 child-headed households, 70 percent of which are headed by girls. Thousands more children live on the streets and around the main market centers, begging or engaging in petty labor under exploitative circumstances. School attendance remains one of the lowest in Africa; HIV infection rates are a staggering 11 percent.

All is not hopeless in Rwanda today, however. Six years after the genocide, the country has made major strides forward. Basic infrastructure has been rehabilitated, security has been restored and the initial steps at national reconciliation are underway. It is now possible to engage some young people traumatized and abandoned during the genocide in that process and encourage them to play an active and positive role in community affairs.

IRC, working collaboratively with the national government, is implementing A Participatory Youth Development Program, engaging elected youth committees and young people at the local level in activities to prepare them to assume responsibilities as community members and leaders. The program's scope exceeds traditional youth-targeted development projects, reflecting the unique contextual dimensions of the Rwandan situation. It is based on the stark reality that if communal reconciliation fails in Rwanda external development assistance will never erase the stigma of the past nor provide stability for the future.

The program focuses its activities in five critical areas: health education (particularly HIV/AIDS prevention); economic development; civil society participation; sports and culture; and, technical skills education. Initially, the program focuses on sports and culture in twenty-one pilot projects. The theme was selected because of its broad appeal and results have been impressive: participants have come together, assessed needs and developed plans of action for sports and culture in two communes (representing more than 34,000 young people). Thousands of youth have been mobilized around cultural activities such as poetry, theater, dance, singing and sporting competitions.

This initiative is a new experience for youth, but it is also an exciting experiment for Rwanda. The stakes are high as the program is positioned not only to improve the lives of youth in the participating communities, but ultimately to inform and help shape future strategies for engaging them in the essential task of nation building.

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DCOF supports other critical interventions targeting Rwanda's orphaned and abandoned children. Divided into two main groups, more than 3,400 children remain in children centers across the country:

- An estimated 70 percent of the children in centers remain due to socio-economic reasons. In effect, these are children who were separated and then traced but whose families refused their return, or those placed in centers after the war, primarily as a means to access education (many centers act as boarding schools for poor children). In either case, material poverty is preventing the children's return to their families.
- The other 30 percent are children too young at the time of separation to provide enough information for tracing, children not been successfully traced, or those still being traced.

IRC's Unaccompanied Child Reintegration and Reunification Program provides support to both groups of children who have been deprived of a family environment. Caseworkers help families and children establish reintegration plans. In most cases, poor families are provided with incremental grants and are encouraged to enroll in savings programs. To address family conflict, caseworkers also provide family mediation and counseling support. IRC provides advocacy services for families attempting to secure land, pensions, school supplies and the like.

The success registered in the first stages of this effort is notable. Families that had previously refused to accept their sons and daughters are now asking for their children's return. Five orphanages have requested support in finding solutions for placing children. This project not only helps children with poor parents grow up with their families, but it is designing and testing much needed tools and methodologies that can be used and emulated by others. The objective is to achieve the reintegration of 1,000 children now resident in thirty-three temporary centers scattered around the country.

*with family members.*

*DCOF is one of the few donors that has recognized this continued need and committed its support to ensure that each child has the full opportunity to find his/her family.*

*For the child, this is the difference between being an overlooked number on a master list, ill-prepared to live beyond the structured walls of an orphanage, or being nurtured and loved as a son or daughter in a family and a community.*

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**Projects** A Youth Participatory Development Program; and, Unaccompanied Child Reintegration and Reunification Program

**Implementing Partner** International Rescue Committee

**Funding Period** May 2000–March 2003

**Amount** \$1,385,263

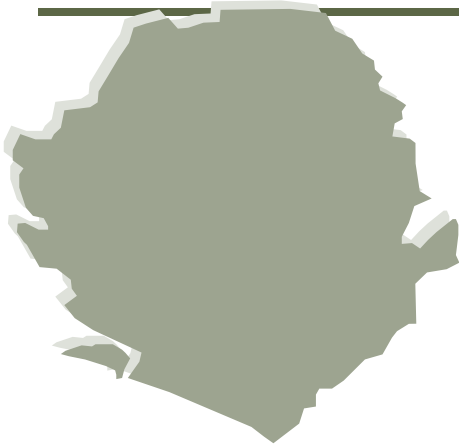
**Purpose** To engage Rwandan youth in national reconciliation; to reunify/reintegrate orphaned or abandoned children with their communities.

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# SIERRA LEONE

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*Sheik was a ten-year-old boy when abducted by the RUF. He was trained as a fighter and, deemed highly skillful, forced to burn many of the houses in his own village. His family members are attempting to re-build their lives in the village, some fifteen miles from the demobilization center where Sheik, now seventeen, stays. He says: "I would like to live with my mother, but know it is*

A young boy named Tamba symbolizes the agony of Sierra Leone today. He was seven years old when abducted by the RUF (Revolutionary United Front) rebel forces. Forced to kill both his mother and grandmother, he went to the front lines with the rebels. Demobilized in November 1999, Tamba has no idea of the location of his remaining family members. He doubts he would be accepted back, in any case, and knows that he faces an uncertain future: "I feel there is something wrong inside my head. I keep seeing the ghost of my mother and it makes me mad. In the bush I was forced to take drugs and they made me do violent things. I still feel these drugs are ruling my life." Tamba can no longer remember how many people he has killed.

The insurrection in Sierra Leone started in 1991 and has been characterized by mass displacement of civilians, looting, destruction of homes and infrastructure, seizure of economic resources and almost unspeakable atrocities inflicted on the civilian population—amputations, rapes, mutilations, abductions and random killings. The lives of tens of thousands of children have been permanently distorted through constant displacement, exposure to traumatic events, loss of family members, kidnapping and forced conscription into the fighting forces. These children have been repeatedly brutalized by the continuous violation of the most basic of human rights—their dignity.

Over 10,000 children have been separated from their families. Through extensive work by child protection agencies, many have been reunified, but thousands remain stranded. Reunification is made difficult by the rebels' failure to release abducted children despite agreements, delays in the disarmament and demobilization process and the very limited access to large areas of the country afforded humanitarian groups.

Throughout the decade of the civil war—fought largely over control of the country's extensive diamond deposits—many children have been abducted and conscripted into the armed forces. One rough estimate pegs the number of child soldiers at 5,400, but the figure may be much higher. The majority of children abducted into the rebel armies have no choice on performing as soldiers if they hope to survive: only children who have been captured or who have surrendered are handed over to UNICEF for interim care, tracing, reunification and reintegration. Children have also been fighting on the government side of the struggle. These children are initiated into traditional hunting groups who come under the framework of the Civil Defense Force. Children, many as young as seven, have been actively involved in the conflict in Sierra Leone. Thousands more children have been displaced from their homes all across the country and are in need of psychosocial care. Girls in particular have suffered sexual exploitation and abuse and are victims of mass rape during armed attacks.

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Increased family impoverishment and continued separation of children from families also contribute to the increase in the number of children on the streets and their arrest for common crimes. Due to the absence of policy, procedural delays and inadequate support systems, these children are detained in facilities below minimum international standards.

UNICEF developed a Child Protection Program in Sierra Leone to specifically address the needs of separated children (child soldiers, unaccompanied children and children suffering from war-related stress). Working in collaboration with government counterparts, international and local NGOs, UNICEF has succeeded in establishing structures for demobilization and reunification of children separated from their families, and provision of psychosocial support. DCOF provides funding for UNICEF's efforts in Sierra Leone, which has been the lead agency in the field of child protection in Sierra Leone since 1993. It has promoted creation of child protection committees in Freetown, Bo, Kenema, Segbwema, Makeni, Kambia and Port Loko.

Despite the chaos from the unending conflict in Sierra Leone, UNICEF and its NGO partners are realizing solid achievements as they struggle to reach some of the most vulnerable and traumatized children. Demobilized children are being registered and identified for reunification and reintegration. Reunified children are being assisted through follow-up visits from counselors. Victims of sexual abuse are receiving medical treatment and counseling. Youth clubs are being established; recreational materials have benefited over 10,000 children.

Care is being provided for demobilized child soldiers in various camps around the country and UNICEF is working with an expanding number of indigenous NGOs on improving skills required for tracing, counseling and reintegration. Training workshops cover the rights of children, child development, peace and conflict resolution, leadership and communication skills, and the identification of children at risk.

Complementing the ongoing efforts of UNICEF in Sierra Leone, the International Rescue Committee (IRC) launched an effort last year that utilizes DCOF funding to facilitate the reintegration of war-affected children and youth now residing in interim care and internally displaced persons centers into surrounding communities. This initiative is centered in Sierra Leone's Eastern Province and Bo District and targets several thousand demobilized child soldiers, internally displaced children and others for community reintegration. Additionally, 10,000 individuals in the surrounding communities are expected to be indirect beneficiaries from this effort. In partnership with local NGOs and community-based associations, IRC's program entails recruitment and training of demobilization and reintegration staff. The overall effort is community-oriented as a major thrust is strengthening grassroots initiatives aimed at sustaining adequate and meaningful activities for reintegrating war-affected children into society.

*not possible. If the village people saw me returning, they would kill me. I have ruined the lives of so many of my people and now there is no way I can return. If only my mother would just send me a message I would be happy.”*  
*The pain and desolation of this young man is the unfortunate reality for countless thousands of children in Sierra Leone today. Facilitating local efforts to achieve their reintegration into society is integral to any hope for eventual peace and stability in the country.*

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**Project War-Affected Children Project**

**Implementing Partner** UNICEF

**Funding Period** February 1999–February 2001

**Amount** \$1,500,000

**Purpose** 1) Reunite and reintegrate unaccompanied children with families and communities; 2) Develop long-term options for children who cannot be reunified; 3) Ensure that unaccompanied and other vulnerable children have access to basic education, primary health care and safe water; 4) Strengthen the capacity of the Child Protection Network in Sierra Leone; and, 5) Produce a compendium of best practices on interim care, reunification and reintegration of war-affected children.

**Project Reintegration of War-Affected Children**

**Implementing Partner** International Rescue Committee (IRC)

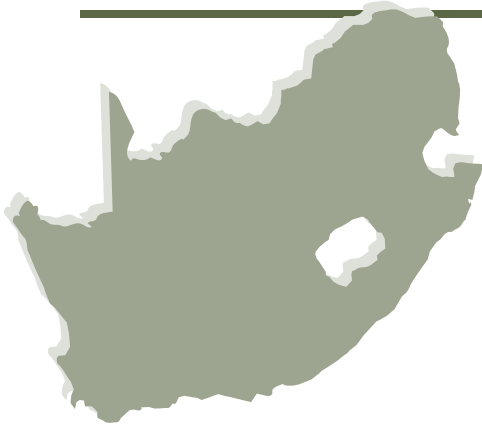
**Funding Period** May 2000–April 2003

**Amount** \$1,590,571

**Purpose** To ensure that the psychosocial needs of war-affected children and adolescents are met by promoting and supporting broad-based educational, recreational and healing activities.

# SOUTH AFRICA

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*“It is now agreed that  
the dreaded disease  
is the single most  
important strategic  
issue confronting  
business in our country.  
I hope therefore that  
our future business  
leaders will join me  
in demanding that war  
be declared on AIDS.”*

South African  
Private Sector Leader

**T**he mounting toll of HIV/AIDS in the Republic of South Africa starkly illuminates why the disease can no longer be regarded simply or even primarily as a health issue. The epidemic proportions of AIDS there is claiming teachers, lawyers, doctors and other professionals just as the country strives to take advantage of the democratic processes and structures that replaced apartheid and to tackle the acute poverty that, despite the nation's riches, leaves millions of people living on the margins of society. South Africa has new freedoms, new leaders, new economic opportunities—and the growing scourge of a killer disease with the potential to delay further progress and ignite the frustrations of a restive citizenry.

Particularly hard-hit KwaZulu-Natal province offers evidence that community capacities to provide care for adults who are ill and for the children left orphaned from the disease are already highly strained. The stark problems there and in other affected regions foretell the crisis that the country as a whole can expect within the next few years. Already, over 3.8 million South Africans are HIV positive and there are 1,700 new infections per day. Recent reports estimate that globally one of every ten new HIV/AIDS infections occurs in South Africa; the country has the highest documented infection rate in the world with a current prevalence rate among adults of almost 23 percent (in 1992, it was about 2 percent). At the end of 1998, an estimated 180,000 South African children were living without their mothers or both parents due to HIV/AIDS.

While the incidence of HIV infection in South Africa continues to escalate, the impact of the epidemic has only recently manifested itself in the form of illness and death. The time between initial infection and death caused by AIDS is generally seven-to-ten years. That means that even if prevalence were to peak in this decade, the consequences of the epidemic will increasingly affect individuals, families, communities and society for decades to follow.

A new DCOF-funded initiative in South Africa is geared to enhancing community-based responses to the needs of orphans and vulnerable children and their households. The initiative focuses on coordinating the efforts of all stakeholders; on implementing, reviewing and identifying lessons from interventions at the community level; and, on quality programming to address the needs of children affected by HIV/AIDS.

DCOF's strategy for addressing HIV/AIDS in South Africa recognizes certain imperatives:

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- The epidemic must be seen as a fundamental threat to national development.
  - Most children affected by HIV/AIDS are currently being cared for by families and communities, but the reliability of this safety net is threatened as the burdens brought on by HIV/AIDS are added to the underlying poverty. Enhancing the capacity of family and community to care for children in community-based settings is of primary importance while the institutionalization of affected children is the least attractive option.
  - The impact of HIV/AIDS is not limited to any one sector and thus comprehensive approaches are essential to realize large scale interventions that can mitigate the effect of HIV/AIDS and prevent future infection.
  - The duration and breadth of the widespread problems brought on by the disease necessitate approaches that contribute to the development of local capacity that will continue to sustain efforts in the face of fluid funding sources.
  - The scale and pervasiveness of the epidemic's impact, along with the limitation of resources, make it absolutely imperative that efforts by donors, government and nongovernmental organizations be strategically implemented and tightly coordinated.

Partially utilizing DCOF resources, the USAID Mission in South Africa has signed an agreement with the Nelson Mandela Children's Fund to carry out a community-based program for children infected and affected by HIV/AIDS. The overall grant is for \$5 million over a three-year-period; DCOF funding included in this total is \$750,000.

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**Project Community-Based Program for Children Infected and Affected by HIV/AIDS**

**Implementing Partner** Nelson Mandela Children's Fund

**Funding Period** December 2000–December 2003

**Funding** \$750,000

**Purpose** To design and implement community-based care programs for children infected and affected by HIV/AIDS; to identify models for other care providers working at the community level in the country; and, to coordinate these efforts with the work of other entities.

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# S R I L A N K A

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*His mother dead and his father a drug addict, Polita was fifteen when referred to the Don Bosco center. Polita's teacher saw a public awareness campaign on signs of sexual abuse, as had Polita. Normally a gregarious and outgoing youth, he had become sullen and withdrawn. After the presentation of how a boy was preyed upon by unscrupulous characters, he said, "that drama is my life." Polita told of being*

The explosion of communal violence in 1983 ripped apart the social and political fabric of a nation otherwise noted for spectacular beaches and stunning interior landscapes framed by legendary tea and coffee plantations. The country's culture traces back over 2,500 years when ancient kingdoms evolved on an island paradise blessed with golden ocean beaches, tropical flora and fauna and beautiful tea-draped mountains. Picturesque waterfalls, lakes and rivers accent the country's topography, contributing to its long-standing description as The Pearl of the Indian Ocean.

Since 1983, however, the country has endured a brutal civil war, with savage and unending fighting between the national army, backed by the mostly Buddhist Sinhalese majority, and the Liberation Tigers of Tamil Eelam, who seek a separate homeland for the Tamil minority in the North and East of the country. For seventeen years, the fighting—and associated terrorism—has continued, without conclusive or lasting gains registered by either side. Military intervention by India failed to end the conflict and all attempts at a peaceful settlement have faltered.

The impact of civil war has been devastating on the population. More than 60,000 people have died; more than 1 million have been displaced; thousands have disappeared. Although all segments of the population have been affected by the ethnic strife, none more so than the children. Children have been traumatized by the conflict in many ways: many have been killed and maimed, thousands have been eyewitnesses to violence, scores have lost parents and loved ones, and numerous others have been recruited as armed combatants. The social and economic disruption prompted by the civil conflict has driven hundreds of thousands of families to the brink of destitution, increasing the vulnerability of their children.

The U.S. Government supports programs in Sri Lanka to facilitate family and social reintegration and increase participation of disadvantaged people in public life. DCOF resources are specifically deployed to support community mobilization and provide formal and non-formal structures to enhance the psychosocial health of children traumatized and alienated by the war.

A particularly cruel manifestation of the poor psychosocial health of Sri Lanka's children is observed in the dramatic expansion in the "sex tourism" sector: Sri Lanka has become a major destination for foreign tourists interested in exploiting children, especially young boys, for their sexual gratification. Despite the ongoing civil conflict in the country, overall tourism in Sri Lanka is booming. Thousands of jobs have been created, millions of new dollars are being pumped into the economy every year. The negative to this apparent boost in the country's fortunes is that a significant portion of the tourists comes to prey on young children whose families are living on the margins of existence.

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*asked to wash a car for a foreign tourist. After accepting a cold drink, he passed out. When he awoke, he knew he had been sexually abused by the man. The next day, a classmate gave him a share of the tip from the foreigner—about \$1.50. Taken to the center for abused children, Polita met other boys who had been similarly victimized and eventually talked about his own ordeal. Now, Polita has blossomed with the attention and training he has received; he is working in production in the vocational center and will soon graduate.*

There are thousands—33,000 according to one survey conducted a number of years ago—of child prostitutes in Sri Lanka. And unlike the situation in some countries where sex tourism is openly promoted, youth prostitution in Sri Lanka is not visibly institutionalized, making it difficult to target interventions and assistance to groups at risk or already victimized. Due to the economic straits in which many families survive, parents or other relatives or friends act as pimps, some even forcibly taking children to the visiting pedophiles. Other children, innocent of intentions, are approached by visitors offering hospitality or gifts, leading them into entrapment.

While progress in fighting this vicious trade is complicated and difficult, DCOF's implementing partners in Sri Lanka are making sustained efforts to rescue significant numbers of children from the dangers faced. These efforts are essential if children are to escape both the threat of HIV/AIDS and other sexually transmitted diseases and the psychological damage from such a depraved social environment.

The toll Sri Lanka's civil conflict extracts from the country's children extends far beyond sex tourism. The plight of Parameshwari, an eleven-year-old girl from a Tamil village, is illustrative. Her village was a center of terrorist activity until the national army consolidated its position in the area. When her father was killed by a militant group and her mother died, the bewildered girl was taken in by her grandmother. Despite her grandmother's love and care, Parameshwari was traumatized. She became a recluse who stayed indoors all day, refusing to go to school or see her friends; at night, she would awaken from nightmares screaming.

Eventually the girl was coaxed by her grandmother, who had attended a village gathering on the Sarvodaya project, to join the children's group Singithi Havula. Since losing her parents, Parameshwari had been interviewed by representatives from eight different organizations working with children caught up in war, but only Sarvodaya initiated activities in her village. Slowly she started participating, eventually becoming motivated enough to return to school and go to a children's camp in Katala—the first night away from her grandmother since the death of her mother. Parameshwari is not yet well, but she is on the road to recovery. The nightmares, she says, are less frequent.

By necessity, DCOF's focus in Sri Lanka supports a wide range of interventions to assist children affected by the country's ongoing war. It is a conflict that by its nature places noncombatants directly in the line of fire. Illustratively, the national army forces villagers into encampments ringed by military bases—buffer zones of civilians to protect soldiers, in rather direct



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contrast to normal practices. The Tiger rebels routinely employ one way fighters in their raids on government outposts: recruited child soldiers who, without benefit of military training, are sent in as the first wave of attackers. The expectation is that the one way fighters will be killed or that they will swallow potassium cyanide capsules if captured.

As well as efforts that address the sexual exploitation of children, DCOF resources support initiatives to address the psychosocial needs of children in high-trauma areas of Sri Lanka, provide home-based care for children without families, and develop community-based organizations that deal with the disruption of war.

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#### **Project Citizens Participation Project**

**Implementing Partner** Lanka Jathika Sarvodaya Shramadana Sangamaya Inc. (Sarvodaya)

**Funding Period** October 1996–December 2000

**Amount** \$196,115

**Purpose** Sarvodaya, founded in 1958 as a movement based on Gandhian values of truth, nonviolence, and self-sacrifice, is the largest nongovernmental, voluntary organization in Sri Lanka. Sarvodaya targets villages and internally displaced persons centers identified as high-trauma areas. Its purpose is to promote the psychosocial well-being of children exposed to extreme violence and stress as a result of the ongoing conflict. The organization works in 106 villages, with more than 6,000 children in Sinhala, Tamil, and Muslim communities.

#### **Project Citizens Participation Project**

**Implementing Partner** Salesian Missions of Don Bosco

**Funding Period** April 1997–December 2000

**Amount** \$326,815

**Purpose** Provide positive opportunities to vulnerable children in Negombo's fishing community at risk from child prostitution and HIV/AIDS.

#### **Project Citizens Participation Project**

**Implementing Partner** Terre des Hommes

**Funding Period** July 1997–December 2000

**Amount** \$76,245

##### **Purpose**

- Directly address psychosocial needs of children affected by conflict through provision of preschool education, alternative education, and after-school activities.
  - Provide home-based care for children without families or where alternative care is not possible.
  - Develop community-based organizations.
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# UGANDA

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The ruthless, brutal and economically disastrous dictatorships of Idi Amin and Milton Obote in the 1970s and 80s brought Uganda to its knees and ushered in years of tragic suffering for its people. The end of Obote's calamitous rule in 1985 and the ascension of the National Resistance Movement, however, facilitated a period of national renewal, more effective government and widespread peace. Uganda's reversal of fortunes has been sustained and impressive by any measurement. But, tragically, as the rest of Uganda moves toward economic and political stability the northern districts of the country remain engulfed in a brutal conflict.

An insurgent group calling itself the Lord's Resistance Army (LRA) has relentlessly carried out attacks against civilian and military targets in the north, particularly in Gulu and Kitgum districts. Through the burning of houses, schools and health clinics, and the killing, raping and kidnapping of hundreds of people, LRA terrorism has thoroughly destabilized the countryside and destroyed the region's agricultural base.

The Lord's Resistance Army is led by a man named Joseph Kony. It operates out of bases in southern Sudan and is believed to have the support of the Sudanese Government. The LRA seemingly was manned at least initially by disgruntled forces supporting the Amin and Obote dictatorships and opposed to the new government of the National Resistance Movement. While the motivations of the LRA remain decidedly obscure, for thirteen years their actions have traumatized the population of northern Uganda. The end of the insurgency is not yet in sight.

As a result of the instability, the northern regions of Uganda remain mired in violence and backwardness while the country at large enjoys peace and relative prosperity. The civilian population of the region is the most affected: more than 30,000 Ugandans in Gulu and Kitgum have been displaced from their villages. The children are the most vulnerable. Often they are separated from families for various lengths of time as they walk great distances with limited quantities of water and food. Many have witnessed the destruction of their homes as well as massive killings and kidnappings; girls are especially vulnerable to the violence. More than 14,000 children have been abducted by the LRA—to be used as child soldiers and sex slaves.

The conflict has had severe social, economic and psychological impact as the LRA willfully targets the civilian population. 5,000 traumatized children have returned from rebel encampments with significant rehabilitative needs. Many of the captured girls were forced to be sex slaves for rebel leaders and have had children or have escaped while pregnant. This phenomenon has increased the number of vulnerable children both in the communities and in rebel captivity.

LRA's October 1996 abduction of school girls from Aboke School in Apac led to an international outcry and generated more support for the cause of all brutalized children in northern Uganda. To address the considerable needs of these children, DCOF funds two programs. Implemented by AVSI (Associazione Volontari per il Servizio Internazionale, an Italian NGO), the first centers on assisting communities in dealing with the psychosocial impact of violence and brutality. The second, managed by Save the Children/Denmark, concentrates on implementation of a program to reintegrate and rehabilitate children affected by war into their communities. Both efforts have realized considerable gains.

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AVSI implements the Psychosocial Support Program in the Kitgum District. It stresses community-based strategies with particular attention paid to the support and reintegration of children abducted by the rebels. AVSI also supports the work of the International Rescue Committee, which helps reintegrate returning children with their families and communities, provides follow-up for those families, and supports recreational and sports activities in transitional camps.

Save the Children/Denmark and its local partner, Gulu Support the Children Organisation (GUSCO), manage a program to reintegrate and rehabilitate children affected by war in the Gulu district. It is an effort aimed at building community capacity to respond to the needs of war-affected children. Using participatory methodologies, local residents are involved in planning and implementing action plans. The district departments of education and community services are active participants in the process. Earlier, DCOF funding was provided to support community initiatives following the enactment of the Amnesty Act at the close of 1999. This overall effort has been marked by effective collaboration between DCOF's partners and officials from the district governments in Gulu and Kitgum as well as the Office of the Prime Minister.

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**Project Psychosocial Support Program for Kitgum District**

**Implementing Partner** AVSI (Associazione Volontari per il Servizio Internazionale)

**Funding Period** August 1999–July 2001

**Amount** \$1,467,919

**Purpose** To improve psychosocial well-being of Kitgum residents through building local capacity to prevent/mitigate impact of violence and displacement on children.

**Project Rehabilitation and Integration of Children Affected by Armed Conflict in Northern Uganda**

**Implementing Partner** Save the Children/Denmark. Save the Children works with Ugandan partners to implement the project. Key among them are Gulu Support the Children Organisation; Concerned Parents Association; Department of Youth and Children, Ministry of Gender, Labour and Social Development; Gulu District Government; and five local community-based organizations.

**Funding** \$1,352,155

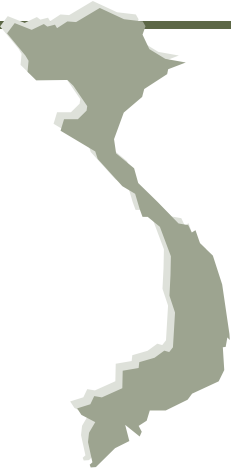
**Funding Period** April 1999–April 2001

**Purpose** To promote the reintegration of formerly abducted children with families and communities.

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# VIETNAM

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*“As a teacher of many years, I’ve seen children tease those with disabilities. Sometimes they were beaten badly; they rarely finished primary school. I thought parents should let them stay home. “Recently I have read about the capacity of children with disabilities in developed countries. Many with disabilities can go to school and learn as much as normal children.*

Vietnamese society has roiled with upheaval and uncertainty as economic reforms slowly and unevenly take the country from central planning to a market economy. Industrialization has fueled significant migration into urban areas and, as a consequence of the dislocation and the demands on families of factory-based employment layered over the fundamental poverty of the population, a fragile support system for Vietnam’s children has weakened. Children are turning to the streets to care for themselves and their families; more than 3.2 million have dropped out of primary and secondary schools. The government is struggling to meet the needs of these children, but its response has been inadequate and overly focused on institutionalization.

The country does, however, demonstrate a genuine commitment to child survival, protection and development. Vietnam is a country rich in culture and has a long tradition of innovation. It was the second nation in the world to ratify the Convention on the Rights of the Child and has established the Vietnam Committee for the Protection and Care of Children. The role of this body is to oversee the implementation of the newly formed Law on the Protection, Care and Education of Children. It is also the focal point for managing cooperation between the local and international communities on policies and services for children in especially difficult circumstances and their families. (United Nations estimates are that over 3 million children in Vietnam can be so characterized; the count includes disadvantaged ethnic minority, street, working and children with disabilities.)

In 1992, a year after U.S. Government humanitarian assistance was first reintroduced in Vietnam, support for vulnerable children was provided through DCOF. Early grants under this initiative were to U.S. NGOs targeting the development of drop-in education centers for children on the street, increasing vocational training opportunities for at-risk adolescents, and providing primary education for ethnic minority children. A new children with disabilities initiative was launched in 1997 to address the visible gap in noninstitutional services for children with special needs. The total investment in the children of Vietnam by DCOF through the year 2000 totals more than \$12 million, including \$3 million under the children with disabilities initiative.

DCOF’s three implementing partners in Vietnam are Catholic Relief Services (CRS), Pearl S. Buck Foundation (PSBF), and World Concern Development Organization (WCDO); each is addressing distinct needs of the country’s vulnerable children. CRS focuses its efforts on the vast majority of children with disabilities who have no access to schooling. Instead, viewed as burdens, they are often hidden inside the home or abandoned to state institutions. Vietnam’s national education policy underscores the right of children with

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disabilities to a full and decent life, and states that “every child has a fundamental right to education.” Prohibitive costs, lack of social orientation, continued discrimination, and fear are obstacles, however, that in reality deny children with disabilities opportunities for education and social integration.

In partnership with the National Institute for Educational Sciences, CRS in 1995 began constructing models of inclusive education and community support in two northern districts. In addition to showing social and academic gains, the models illustrated that mainstreaming children with disabilities provided a cost savings of nearly 86 percent: \$58 per annum versus \$400 in institutional-based settings. DCOF funding has allowed CRS to expand the effort to additional regions.

Despite strides Vietnam has made in providing social development services to its population, large disparities in the assistance provided disenfranchised groups still exist. One such group is children who are deaf or hearing impaired. Of the estimated 188,000 affected children, less than 2,500—not even two percent of those eligible—attend the fifty-seven mostly segregated and urban-based schools for the deaf and hearing impaired. More deaf and hearing impaired children are now being reached through a comprehensive program being implemented by the Pearl S. Buck Foundation with DCOF support.

PSBF addresses the inequities children with disabilities face in the educational system in a three-pronged approach. It provides direct service intervention to over 10,000 children; conducts standardized training for 280 kindergarten and elementary school teachers and orients a cadre of audiological, speech, and language specialists; and, mobilizes the educational infrastructure to deliver deaf education and related services through curriculum development for both educators and communities at large. In addition, PSBF is working to develop an internationally acceptable, indigenous Vietnamese sign language manual and training program. The Pearl Buck program targets six provinces: Bac Ninh, Thai Nguyen, and Hung Yen in the North, and Dong Thap, Long An, and Dong Nai in the South. The effort is being expanded to address the needs of vision impaired children.

Since 1992, the World Concern Development Organization has deployed DCOF funds to support innovative educational and vocational training programs for displaced adolescents and ethnic minority children—particularly Montagnards. Through this project, over 900 adolescents have completed vocational training programs and 80 percent of them have successfully found and maintained employment. Also, over 575 minority children have been provided ongoing educational opportunities, and an initial class of forty adults were able to complete an accelerated teacher training program and return to manage classrooms in their communities.

*“The children in Yen Giang were lucky to receive the inclusive project implemented by CRS and the education department. What an excellent solution! I met and talked with some disadvantaged children. At first, there were difficulties. Now teachers encourage children with disabilities to go to school. They are cared for and loved by teachers and classmates. “Nothing makes me happier as headmaster than the integration of these children.”*

Headmaster of  
Yen Giang Primary School

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Under the children with disabilities initiative, DCOF has provided WCDO a three-year grant for an adaptive vocational training program for adolescents with disabilities. The program is designed to provide participants with the skills and abilities to meet their social, vocational, and economic needs. It began in two provinces—Hai Duong in the North and Quang Nam in the central region—and will be replicated in Da Nang City in the third year.

DCOF's sister program, the Leahy War Victims Fund, also operates in Vietnam. The Fund provides prosthetics and orthotics to civilian victims of war (as well as children with polio) and supports a holistic approach to rehabilitation. The War Victims Fund also promotes building standards and designs that encourage construction that is accessible to people with disabilities. These initiatives complement the DCOF strategy and provide a more comprehensive array of services to children and adolescents with disabilities.

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**Project Expansion of Community Support for Children with Disabilities**

**Implementing Partner** Catholic Relief Services (CRS)

**Funding Period** July 1998–June 2003

**Amount** \$1,149,712

**Project Inclusive Education for Hearing Impaired and Deaf Children in Vietnam**

**Implementing Partner** Pearl S. Buck Foundation

**Funding Period** August 1998–December 2001

**Amount** \$1,448,636

**Project The Adaptive Vocational Training Program for Adolescents with Disabilities**

**Implementing Partner** World Concern Development Organization

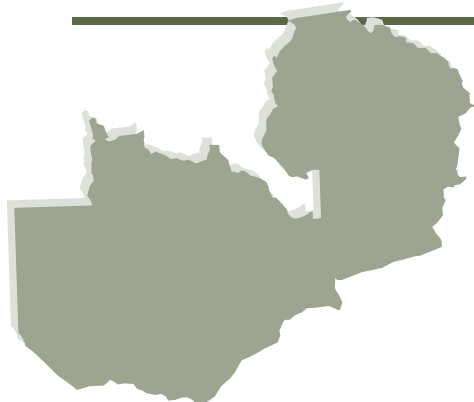
**Funding Period** September 1998–September 2001

**Amount** \$1,184,064

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# ZAMBIA

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**Z**ambia faces one of the most severe AIDS epidemics in the world as families and entire communities struggle to cope with HIV/AIDS-related deaths and morbidity. One tragic result of the epidemic is the increased number of orphans and highly vulnerable children. The proportion of children under fifteen who are orphaned is now at 34 percent—representing a staggering 1.6 million young people. Even if HIV prevalence were not to rise further, the orphan population will continue to increase at such a rate that by 2020 as many as 40 percent of the population under age fifteen will be without their parents. The growing number of orphans

threatens to undermine Zambia's economic growth and development and undo the achievements the country has made in child, family and community health. Interventions to respond to the AIDS orphans problem will need to focus on entire communities, not just families with parents afflicted by HIV/AIDS.

Through an initial DCOF grant, an initiative was mounted to identify low-cost, sustainable approaches to strengthen family and community capacity to mitigate the impact of HIV/AIDS. After that effort concluded, DCOF placed its emphasis on developing the capacity of Zambian institutions and government agencies to plan, implement, monitor and evaluate HIV/AIDS interventions within the wider context of public health programming in the country. DCOF's implementing partner is Family Health International, which in turn works with CARE, and Family Health Trust, a Zambian NGO. Major emphasis is focused on a program entitled Strengthening Community Partnerships for the Empowerment of Orphans and Vulnerable Children, a local community mobilization effort.

The newly launched effort is underway in four districts of the country and four additional districts are targeted for inclusion. It emphasizes the well-being and protection of orphans and other vulnerable children. Contributions are sought from the voluntary, religious, government and private sectors and are utilized to strengthen the security of households supporting vulnerable children. The program builds upon and expands the effectiveness of local organizations, churches, governmental ministries and private sector entities in the care of vulnerable children. A microfinance initiative will provide further support; grants will be made strategically to target priority needs and avoid subverting local mobilization.

This program places strong emphasis on establishing a process of community consultation, involvement and commitment and letting the local agenda drive the process while providing ongoing support. Its success depends upon ensuring that the community "voice" is heard and is ultimately a process that results in community members taking responsibility for addressing issues surrounding vulnerable children and thus ownership of interventions.

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**Project Strengthening Community Partnerships for the Empowerment of Orphans and Vulnerable Children (SCOPE-OVC)**

**Implementing Partner Family Health International**

**Funding Period September 1999–September 2002**

**Amount \$3,015,817**

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# FUNDING

(IN THOUSANDS OF DOLLARS)

	1988-1995	1996	1997	1998	1999	2000	TOTAL
<b>USAID FUNDING</b>	48,940	8,500	10,000	10,000	11,000	11,000	
<b>ALBANIA</b>	100						100
<b>AFGHANISTAN</b>				500			500
<b>ANGOLA</b>	2,970	1,940	718	700	500	500	7,328
<b>BOLIVIA</b>	620						620
<b>BRAZIL</b>	3,075	1,000	1,200	500	932	900	7,607
<b>BURKINA FASO</b>					625		625
<b>COLOMBIA</b>	140						140
<b>CONGO</b>				1,130		80	1,210
<b>EL SALVADOR</b>	1,535		400	100			2,035
<b>ERITREA</b>		600					600
<b>ETHIOPIA</b>	2,673			500		500	3,673
<b>FORMERYUGOSLAVIA</b>	1,250	1,300		1,000	500		4,050
<b>GUATAMALA</b>	3,800						3,800
<b>INDONESIA</b>	2,280				1,332	1,000	4,612
<b>KENYA</b>						1,030	1,030
<b>LEBANON</b>	1,000						1,000
<b>LIBERIA</b>	1,107	700	1,000	1,000		750	4,557
<b>MADAGASCAR</b>	755						755
<b>MALAWI</b>	838		750	1,000	372	500	3,460
<b>MOZAMBIQUE</b>	7,177						7,177
<b>NEPAL</b>	800						800
<b>NICARAGUA</b>	1,400						1,400
<b>PERU</b>	700	120			520		1,340
<b>PHILIPPINES</b>	300						300
<b>RWANDA</b>	2,712	610		1,000	1,385		5,707
<b>SIERRA LEONE</b>				1,000		500	1,500
<b>SOUTH AFRICA</b>						750	750
<b>SRI LANKA</b>	550	200	300	300	300	400	2,050
<b>SUDAN</b>	159						159
<b>SWAZILAND</b>	61						61
<b>THAILAND</b>	600						600
<b>UGANDA</b>	4,175			500	1,000		5,300
<b>VIETNAM</b>	5,970	1,500	1,500	1,500	1,500	1,500	13,470
<b>ZAMBIA</b>			1,000	1,000	1,209	1,000	4,209
<b>PEACE CORPS</b>	400	100	200		300		1,000
<b>TECHNICAL ASSIST.</b>	900	430	657	775	25	990	3,777
<b>TOTAL</b>	<b>48,047</b>	<b>8,500</b>	<b>7,725</b>	<b>12,505</b>	<b>10,500</b>	<b>10,400</b>	<b>97,677</b>

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Note: Photographs available in hard copy only

## **P H O T O   C R E D I T S**

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